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# Indiana Journal of Medicine.

Edited by

THAD. M. STEVENS, M. D.      W. B. FLETCHER, M. D.

GUIDO BELL, M. D., ASSOCIATE EDITOR.

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# INDIANA MEDICAL COLLEGE

INDIANAPOLIS.

## Second Annual Announcement.

*The next regular course of Lectures in this College will  
commence Wednesday, October 19th, 1870.*

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THE

# INDIANA JOURNAL OF MEDICINE.

Vol. 1.

MAY, 1870.

No. 1

## Original Communications.

### EXCISION OF ELBOW JOINT.

By J. A. COMINGOR, M. D., Lecturer on Surgical Pathology and Orthopedic Surgery in the Indiana Medical College.

John Russell, aged fourteen years, English by birth, when about twelve years of age was thrown from a donkey, falling upon his left elbow, producing what at that time was thought to be a fracture. Inflammation of a severe character followed; abscesses resulted, and terminated in several fistulous openings, which clearly indicated articular caries of ulna and condyles of the humerus.

He came under our observation in March, 1868. Prior to this time, the history of the injury is very imperfect. All we know of the case we obtained from the boy, and of course could not obtain it perfectly nor in all the particulars. The results, however, point clearly to an injury of some character or other having been received.

When first we saw the case, abscesses had not yet ceased forming. The arm, and especially the elbow, was much swollen, red and painful. Just over the outer condyle of the humerus there was a large collection of pus, ready for evacuation, and upon lancing it discharged abundantly of pus, in character that led us to believe that there was caries of the articular surface. At this time there were three fistulous openings two or three inches from the centre of the joint. On introducing the probe its point was carried to the joint, but owing, perhaps, to the peculiar structure of that joint we failed to detect the caries which undoubtedly existed at that time. The discharge of pus gave temporary relief, and.

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to some extent, ameliorated the painful condition of the joint. After the swelling and tenderness had subsided we injected undiluted tincture of perchloride of iron, carbolic acid, one part to ten of glycerine, and a 60 gr. solution of nitrate of silver alternately every third day with a view to reaching the diseased structure and arresting the inflammation. But we gained no permanent advantage by this method, and the arm being firmly semi-flexed, the patient was anæsthetized and the arm straightened, which required considerable force. We continued the palliative treatment until the following October, when he was ordered to the City Hospital to prepare for an operation.

The 20th of November following, with the assistance of Dr. Woollen and the hospital staff, the patient was chloroformed, and being upon his right side, a strong bistoury was carried over the posterior aspect of the arm from two to three inches above and about the same distance below the joint, making an incision about six inches in length. In going into the joint we discovered the true pathological condition. The articular surface and most of the ligaments were destroyed.

The chain-saw was passed under the ulna just below the coronoid process, and the olecranon removed. Then it was applied to the humerus just above the olecranon fossa, cutting transversely across the bone, removing the condyloid portion. It was then ascertained that in the first section of the ulna the whole of the diseased bone had not been included; a second section was made, taking off about three-fourths of an inch more.

The head of the radius was sound, no caries existing even at its articulation with the ulna and was left undisturbed. The diseased ligaments were, as far as practicable, clipped away, and the wound closed with three interrupted sutures, and the patient placed in bed with the arm comfortably supported by a splint made to suit this especial case. The hemorrhage was inconsiderable, not enough to require the ligation or torsion of a single vessel. Brandy was ordered, and a quarter grain morphia to insure rest, with instructions to feed generously. He passed quite a comfortable night.

On the morning of November 21st the pulse reached 150 per minute; at 7 P. M. 152—feeble, but regular and uniform. Aside from this he was comfortable, and did not complain of much prostration: serous discharge from wound; ordered citrate of iron and quinia in five grain doses every fourth hour; diet, milk, beef tea, and soft boiled eggs; one-fourth grain morphia at 10 P. M.

22d. Condition unchanged, except that a purulent discharge has

been substituted for the serous one ; treatment and diet of yesterday continued.

23d. Pulse 132 and softer ; wound suppurating freely ; appetite better ; made no change in treatment.

24th. Condition much as yesterday, except that the inflammation and swelling are subsiding.

25th. The pulse averaged 120 ; dressed the wound and closed it three-fourths of its length ; swelling and inflammation still subsiding.

December 1st. The improvement has been uniform and steady, the wound having united more than half its length.

The fifteenth day after the operation slight passive motion was made, but on account of its rekindling the inflammation it was discontinued for ten days, when it was again resumed with better result. From this time the progress was variable. The case vacillated for several months, going forward at times and at others backward.

He came to this country about eighteen months after receipt of the injury. Soon after his arrival he contracted an intermittent, which continued to trouble him several months after the operation. Two months before the operation he was so reduced as to create serious doubts as to his final recovery. His whole system was dropsical.

We think the inference a fair one when we attribute the slowness of recovery to the acclimating process. The local disease improved steadily a greater part of the time, notwithstanding the depraved condition of the system.

More than two years have passed since the operation, and our patient is in good health ; is growing rapidly, and has a good and useful arm ; good flexion and extension, with fair pronation and supination. He states that he uses it nearly as well as he did before it was injured, and its strength seems to not have been in the least impaired.

The diseased condition of the bones, the recovery of the patient with the preservation of a useful arm, establishes the correctness of the operation. That an operation of some sort was demanded to get rid of the offending bone was a fact acceded to by every one connected with the case. But what operation, whether amputation or excision, offered the better prospects of success, was not so easily determined ; but the preponderance of evidence seemed to direct to excision, and the assent of the staff was obtained in favor of that operation.

The length of bone removed was four inches ; ulna, including olecranon process, two and one-half inches ; humerus one and one-



half inches; leaving a shortening of the arm of about two and a half inches. The specimens were devoid of articular cartilage, and the disease had made extensive inroads in their cancellated structure.

In this instance the disease in the bones was certainly secondary to that in the synovial membrane and the ligaments and cartilaginous attachments. From these the inflammation extended to the connective tissue, eventuating in abscess—the ultimate result being that of caries. This is the usual course of such injuries to joints, and the consequences should be early apprehended and an effort made to divert them by local blood-letting, continuous irrigation with cold and rapidly evaporating fluids during the acute inflammatory stage, and a free opening into the joint in case there be considerable accumulation of fluid or pus. The incision should be made as soon as it is ascertained that this condition of things exists. If it be delayed until the soft textures of the joints are destroyed it will not be so successful, because under such circumstances the disease quickly extends to the bony articulation, when the joint will, in all probability, require a complete or at least a partial excision to effect a cure.

The good results attained in this case are largely due to the council of the staff, the superintendent, Dr. Woollen, and others interested in the case. And I now take great pleasure, and am glad to have the opportunity to publicly acknowledge the valuable services rendered by them in the management of one of the most beneficial operations we are called upon to perform.

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### SYMPTOMATIC UTERINE HEMORRHAGE.

By **THEOPHILUS PARVIN, M. D., of Indianapolis.**

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One of the marks of the progress of a science is the limitation in the meaning attached to the words of that science; they lose their general, vague or ambiguous character as our knowledge of the states which they are intended to express becomes clearer and more definite. This limitation is also sometimes indicated simply by an adjective preceding the noun.

Numerous illustrations of this truth might be drawn from different departments of practical medicine. The meaning attached, for example, to *ophthalmia* was exceedingly vague, indefinite—it might have been almost any inflammation of the exterior of the eye, or of its interior—and now were a physician to state that a patient had

ophthalmia he would convey no intelligible truth ; but when the disease mentioned is qualified by such terms as *catarrhal*, or *purulent*, or *phlyctenular*, or *sympathetic*, etc., another medical man understands at once what is meant. But, as pertinent to the present purpose, how remarkably limited the application of *menorrhagia* in comparison with that which it had formerly. Very many of the cases which would have been considered simply as examples of excessive menstrual flow, are by one accord now regarded as cases of *metrorrhagia*—these discharges taking place independently of the usual time for the periodical flow, and without any of that series of phenomena revealed to us by advancing physiology, and of which the crisis and the conclusion are discharges of blood from the uterus. A new progress will be made, especially so far as practical therapeutics are concerned, when the monthly flow if very great, or greatly prolonged shall be considered and treated as *metrorrhagia*, and not respected as simply an exaggeration of a normal function, for such excess is generally significant of local disease requiring direct treatment.

Another just distinction is between *symptomatic* and *idiopathic*, or *essential* hemorrhage from the womb. We physicians, probably, are prone to seize upon a symptom as a disease—it is so much easier to prescribe thus, than to take up our cross and think, to tread a *via dolorosa* in search of disorders and their causes unto which symptoms are but guide-posts—and so *essential* metrorrhagia has played an important part in theoretical pathology and in practical therapeutics ; but science advances, and this disease, though not utterly rejected, occupies a small and diminishing domain.

The purpose of the present paper is to present a few thoughts upon symptomatic metrorrhagia. In order to limit the topics for consideration—even too many for a single article—reference will be had only to that variety of hemorrhage from the uterus, which is significant of local diseases, excluding that which originates in general conditions ; the hemorrhages which may occur in abortion, in pregnancy, or in parturition or its immediate *sequellæ*, will also be excluded.

In appreciating a given case of metrorrhagia, the physician—after general inquiries as to the patient, *age*, *sexual relations*, *habit*, *idiosyncrasy*, etc.,—will chiefly have his attention directed to the following points: First, the *quantity* of the discharge ; second, the obvious physical characters, *color* and *consistence* ; third, whether preceded or associated with other abnormal phenomena, *e. g.*, pain or pains, watery, mucous, purulent or offensive discharges ; fourth, time of occurrence, whether periodicity observed in it ; fifth, whether

immediately consequent upon some obvious cause, *e. g.*, violent exercise, mental emotion, etc.

Turning, on the other hand, to the more common causes, we may mention\* simple hyperæmia of the uterus occurring without structural change, or at least without important structural change; hyperæmia from polypi, from fibroids, from the different varieties of malignant disease; granular disease, hypertrophy of the villi of the lining membrane of the cervical or uterine cavity, ulceration of the cervix; among other local causes are uterine displacements, hæmatoecæ and pelvi peritonitis.

Let us now endeavor to connect symptoms with causes. The hemorrhage, in case of a fibroid or of a polypus, usually commences as a simple prolongation of the menstrual flow, then increased quantity, and then irregular recurrence; in some few instances this last element of diagnosis fails. I have met with cases both of sub-mucous and of interstitial fibroids of considerable size, where hemorrhage only took place at a "period," was both profuse and prolonged, and therefore not metrorrhagia but menorrhagia, according to some authors. Generally both in intra-uterine polypi and in fibroids the patients complain more or less at times both of pain and of pains. There is also uterine catarrh; this flow is sometimes serous and watery, and may be offensive, a point worthy of special remembrance, for usually an offensive watery flow from the vagina is regarded as pointing to cauliflower growth or epithelioma of the neck. The discharge of clots from the uterine cavity tells us of an enlarged cavity, or of a diminished calibre of the cervical canal; enlargement of the cavity would be common to both† fibroids and to polypi, while distortion of the canal is apt to occur in the former.

Hemorrhage in cancerous disease of the neck is in nearly fifty per cent. the first symptom which calls attention to the disease—its immediate cause may be coition or other violence, its remote cause is the general uterine hyperæmia induced by the active life of the new formation; it is usually sudden and painless; when the disease is farther advanced, the hemorrhage is not from the uterus, but from the diseased surface, ulceration with erosion of blood vessels having taken place, or else rupture from their excessive distension, or from

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\*This subject the author has considered, both in its character and in its therapeutics, in the May number of the *American Practitioner*.

†We refer more especially to the *sub-mucous* variety, while no reference at all is made in the paper to the *sub-peritoneal*, hemorrhage not being an ordinary consequence in these.

violence of smaller vessels. Of course the hemorrhage of the later period presents a problem much more easy of solution than that of the earlier, because then there are many other things to assist in forming a conclusion, such as the offensiveness of other discharges which occur at other times, the evidences of the cancerous cachexia, etc.

In ulceration of the cervix with large granulations, the cox-comb ulcer, as it has been termed, some hemorrhage after coition is no unusual occurrence; here we are helped to a probable diagnosis by other discharges from the ulcerated surface, and from the frequently co-existing cervical or uterine catarrh.

Only one other cause of uterine hemorrhage is there time now to consider. In pelvi-peritonitis—than which probably there is no disease of women in which errors of diagnosis more frequently occur—hemorrhage may occur in its early stage and in its advanced. According to \*Bernutz, to whose laborious and faithful investigations gynæcology is under such great obligations, metrorrhagia is rare in pelvi-peritoneal inflammation of blenorrhagic origin, moderately frequent in such as result from uterine catarrh or traumatism, common on the contrary in the puerperal, and especially frequent in the menstrual variety.

In the chronic stage of pelvi-peritonitis, when the patients have become cachectic, the hemorrhage has more of a passive character, and the discharge is more serous; the earlier hemorrhage is a benefit by its depletion of organs and tissues engorged or inflamed; the later is mischievous by its increasing the anæmia and the exhaustion.

With these brief hints as to some of the local causes of uterine hemorrhage, and suggestions as to the significance of the hemorrhage and the mode of studying it as a symptom, I leave the subject.

## MEDICAL ASPECT OF NEW MEXICO.

By **ANDREW H. SMITH, M. D.,** of New York.

The "Plains" are like a vast ocean, separating two continents, and when their western boundary is passed and the traveler finds himself again among human habitations, the change from the "States" is not less striking than if an ocean rolled between. A new climate, new

\* *Clinique Medicale sur les Maladies des Femmes*, Vol. 2d, p. 324.



vegetation, a new people speaking a new language, a new style of building—everything is new. The damp and cloudy atmosphere of the East is exchanged for balmy airs and a nearly cloudless sky, under which the seasons succeed each other almost imperceptibly, and years flow by like a deep, still current, with no ripple to mark its flight. The wear and tear of our busy life are left behind, and the tranquility and repose remind us of the primitive periods in the history of our race.

The first point of interest to the physician is the *climate*. As might be expected in an extent of country covering so many degrees of latitude, the temperature of the northern and southern portions is quite different. The altitude also being greater in the northern part, renders this more striking. At Fort Fillmore, in the southern portion of the territory, in about the same latitude as Savannah, the mean temperature for the three winter months is  $47^{\circ}$ , for the spring months  $64^{\circ}$ , for summer months  $81^{\circ}$ , and for the autumn months  $64^{\circ}$ . The coldest month is January, with a mean temperature of  $44^{\circ}$ ; the warmest month is July, with a mean temperature of  $83^{\circ}$ . In the coldest weather ice will occasionally form to the thickness of one-eighth inch, while in the summer the thermometer not unfrequently reaches  $110^{\circ}$ . But the great peculiarity of the climate is its extreme dryness. The rain-fall varies in different localities between ten and seventeen inches per annum. This dryness accounts for the fact that although the range of temperature is considerable, yet changes, even when sudden, are but little felt. This is especially true of the extreme heat of summer. The evaporation from the surface is so rapid that it tends greatly to cool the body. I have ridden in an open buggy with the thermometer at  $110^{\circ}$  in the shade, and experienced much less inconvenience than in New York with a temperature of  $92^{\circ}$ . Sun-stroke is of very rare occurrence, probably owing to the same influence.

The clearness of the atmosphere is such that objects on the horizon can be seen almost as distinctly as those near at hand. This results in a curious deception in regard to distances. I have known persons to set out for a walk to a rock or hill which they supposed could be reached in half an hour, when in reality it was eighteen or twenty miles distant.

Thermal springs are found in various places in the Territory. Those at Los Vegas and at Mienebres are places of considerable resort, especially by syphilitics. The water used for drinking and culinary purposes is obtained from rivers or springs that are procured by digging, being brackish.

The native inhabitants are a mixture of the Aztec with the Indian, the Spanish, and the Negro. They present every shade of color, from that of the fairest Caucasian to the hue of the Hottentot. That there should be such marked contrasts of color after so long a period of amalgamation, is a difficult problem in ethnology; but still more so is the fact that between persons born of the same parents, the difference will often be more palpable than between a pure white and a quadroon. It is not uncommon to see the complexion of a full-blooded African combined with straight hair, thin lips, and an aquiline nose, showing that on both sides certain peculiarities of race have been transmitted, while others have not. Besides the natives, there is a considerable population derived from the States. Among these "Americans" are many desperate and reckless men—a curse to any community in which they chance to reside.

The influence of the climate upon longevity could not be otherwise than favorable. Indeed, I doubt whether a country exists where the proportion of the *old* people is greater than in New Mexico. Pulmonary phthisis is a disease entirely unknown to the natives. During an active practice of three years I never saw a case that was not imported, and even such cases improved, as a rule, with astonishing rapidity. There are now in the Territory a great number of persons from the East who could not remain six months in the States without manifesting symptoms of phthisis, but who are, nevertheless, in apparently good health. In this respect I think the climate of the Mesilla valley is preferable to that of the upper country, as it is dryer, warmer and more equable. With improved modes of access this valley is destined to become a great resort for consumptives.

This immunity of the natives from phthisis is the more remarkable when we consider the hygienic conditions under which they live. The houses of the poorer classes consist of a single small room, often with no other means of ventilation than the door. The floor is of earth, and from being daily sprinkled is always damp. In these dark and noisome dens, with all air carefully excluded, a whole family lie huddled together night after night and year after year. At the same time the nourishment, even of the better class, is usually scanty, and composed chiefly of vegetables. Among the poor the principal and almost the only article of diet is a species of bean called *frejoles*. Red pepper is consumed in great quantities. Meat is reserved for festive occasions, and is such a rarity that the lower class will seize with avidity upon the carcasses of animals dying from disease. Potatoes, which elsewhere form so large a share of the diet of the poor, will not grow in New Mexico, except in the extreme

north. In fact the Mexiean eats merely to live, and considers unnecessary delicacies as not worth the effort required to procure them. This mode of life results in a frightful mortality among children, but those who escape during the first few years usually grow up remarkably strong and hardy. Perhaps this is in part owing to all the feeble ones being weeded out in childhood. In examining native recruits I have been astonished to see what stalwart frames could be built out of beans and red pepper.

Acute bronchitis is of very frequent occurrence during cool weather, probably owing to the hot and murky atmosphere in which the poorer classes sleep, and from which they go out often very scantily clothed. Articular rheumatism is also constantly met with. That this is due to the character of the dwellings is shown by the fact that troops, when quartered in the town, suffer from it to a much greater extent than when under canvas. Even through ventilation does not remove the cellar-like atmosphere which is occasioned by the massive adobe walls and the earthen floors and roofs, which characterize even the best houses.

Venereal disease is very rife—no class being exempt. The low grade of morality which prevails is sufficient to account for the general diffusion of these disorders. Gonorrhœa is successfully treated by the natives with a decoction of an herb called *Malva*, but which is very different from the plant described by that name in works on materia medica.

Chronic nephritis is, according to my observation, extremely rare both among the natives and the "American" population. This fact, coupled with the peculiarity of the climate, which, by its dryness, favors remarkably the function of the skin, may throw some light upon the etiology of the disease. On the other hand, those who would connect the renal degeneration with the abuse of alcohol will find it difficult to account for its rare occurrence here, where the American population are excessively addicted to the use of spirits.

Chronic dyspepsia is much more prevalent in New Mexico than is usually the case in rural districts. The cause of this is probably to be found in the sameness of the diet and its generally indigestible character. The constant and excessive use of red pepper, which is employed not only as a condiment, but also as a customary article of food, has doubtless an irritating effect upon the stomach, acting gradually like alcohol to produce a chronic gastritis. These chronic derangements of the digestive organs are very difficult to treat satisfactorily, as the dietetic resources of the country scarcely meet the exigencies of such cases.



Agriculture being carried on entirely by irrigation, and large tracts of alluvial soil being frequently overflowed, and subsequently exposed to the sun, it would be reasonable to expect that malarial diseases would be prevalent. But, in point of fact, they assume no especial prominence. The area of country exposed to such influences bears such an insignificant proportion to the vast arid plains on either side that the miasm generated is speedily diluted to such an extent as to be productive of but little disease.

A form of malignant pustule is not unfrequent among the natives. It is known under the name of "*grano negro*"—black pimple—and is regarded with almost as much horror as hydrophobia. It appears first in the form of a black or purple elevation of the skin, seated upon a hardened, almost cartilaginous base. From this as a center, an erysipilations inflammation spreads with great rapidity. Severe cases, unless arrested by treatment, prove rapidly fatal, the erysipelas involving a great extent of surface, and the patient succumbing to the resulting toxæmia. This disease is probably always the result of infection from animals. A malignant distemper is observed occasionally to affect cattle, and even sheep and goats, and it is probable that this is the source of the infection. The native inhabitants of the poorer classes do not hesitate to eat the flesh of animals dying of this disease, and there is evidence to show that the poison may be retained for a great length of time in dry hides, and may cause the disease in those who subsequently handle them. It is probable that the affection can be communicated only by direct infection. Of a considerable number of cases which I saw in 1865 every one was on a portion of the body not protected by the clothing, and in some cases the time and manner of the inoculation could be distinctly traced.

The treatment found most successful consisted in free incisions followed by the application of caustics and antiseptic poultices while the toxæmia was combatted by large doses of tinct. ferri chlor, and the strength supported by a liberal use of stimulants. (For a full account of an epidemic of this disease, which occurred under my observation, see Am. Jour. Med. Sciences, April, 1867.)

The constant hostility of the neighboring Indians results in frequent opportunities of observing wounds made by arrows. The arrows used are sometimes tipped with flint, but more generally the points are made from hoop-iron obtained from the whites. In one case to which I was called, one of these iron heads had passed flat-wise between the second and third cervical vertebrae, completely dividing the cord. In another instance a small iron point, of the form

used by the Apaches, remained completely embedded in the testicle. The external opening soon healed, and the man was not aware that any foreign body remained in the wound until some months after, when one of the sharp angles ulcerated through the integument of the scrotum.

The practice of obstetrics is usually left to old women, some of whose expedients are sufficiently remarkable. I was once called to a case of protracted labor, and on entering the house found a woman apparently engaged in some gymnastic exercise having for its object to test the strength of the ligamentous tissue about her shoulder joints. A rope was tied to a beam in the roof, and to the other end was secured a piece of stick which the woman grasped with both hands. The length of the rope was such that when hanging by her arms her buttocks would nearly touch the floor. By pulling on the rope she would raise herself nearly into a standing position, then suddenly dropping down as far as the length of her arms would permit, she would bring up with a *jerk*, intended to facilitate the progress of the child, much in the same way as one would shake the adhering sediment from a bottle. I was about to protest against such a barbarous proceeding, when I was assured that the desired result was being rapidly attained, and, sure enough, in a few minutes the labor was accomplished. How much was due to the increased energy of the uterus resulting from such rough treatment, and how much to the momentum acquired by the child in each downward plunge, I am unable to determine, but it is certain that the old woman who initiated the proceeding had success on her side, and completely distanced me in the race for obstetric honors. If some aspiring practitioner in some of our large cities would adopt this expedient it would bring him more notoriety than the invention of a new forceps.

The popular remedies for some forms of disease are very original. For instance, the testes of a *black dog* crushed and applied as a poultice are considered an infallible remedy for sore throat. If a cure does not follow the first application the supposition is that some white hairs on the dog have been overlooked. Headache is removed by sticking a raisin into each temple. Certain eruptions on the face are cured by a coating of whitewash. The sudden apparition about nightfall of a woman undergoing this treatment, is a trial to weak nerves.

There is a very general belief that the presence of a pregnant woman in the room, or even in the house, exerts a very unfavorable influence upon the course of many diseases, and I have often been con-

sulted as to whether it would be safe to allow such a person to minister in any way to the patient.

According to the popular belief most articles of diet or of medicine, or that may, under any circumstances be taken into the stomach, are divided into two classes; those which contain heat and those which contain cold. At the same time the human body is supposed to be capable of storing up an indefinite quantity of these two principles, either of which, in excess, gives rise to disease. Accordingly the science of medicine is narrowed down to determining under what conditions there is an excess of one or the other, and giving the antidote in the form of some substance containing a large proportion of the opposite principle.

Among the remedies containing *cold* the common black *cricket* is held in high repute. The "Cricket on the hearth" would chirp at his peril in a Mexican house if one of the family chanced to be attacked with fever.

I once heard a conversation between two Mexicans, which ran about as follows: "Do you know that Lopez has come down from the mines and is in town under the doctor's care?" "No, you don't say; what's the matter?" "Why the stupidest thing you ever heard of. He got sick up in the mines and had a great deal of heat, and to cure himself he took *two whole crickets*. It made him so cold that I doubt if he ever gets warm again." "Is it possible! The stupid fellow! If he had taken one leg it would have been well enough, but two whole crickets! What imprudence!!

There are no native physicians in the country. The medical officers of the army supply attendance required within reach of their stations, and in every considerable town there are physicians, or those who call themselves such, from the East. Considering the poverty of the people they pay liberally for medical attendance, and to an honest, conscientious physician who will treat them kindly, they become, as individuals of a community, devotedly attached. Unfortunately, it has been their experience generally to be regarded merely as affording an opportunity for plunder by charletans temporarily sojourning among them.

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ONE of the best methods of treating bursæ of the fore-arm is by rupturing the sack by a heavy blow from a book or the closed fist.

## BROMIDE OF POTASSIUM IN DIABETES.

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By W. B. FLETCHER, M. D., of Indianapolis.

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Prof. Austin Flint, Sr., published an article in the January number of the *American Practitioner*, "On the Bromide of Potassium in Saccharine Diabetes." Acting upon the suggestions contained in the above named article, we have administered the bromide in two cases with very good results. A man, aged forty-three, had been under our treatment for about four months. The urine passed during twenty-four hours sometimes amounted to nine quarts; specific gravity 1.039; sugar abundant. The patient had lost all sexual appetite. Under the use of ergot and muriated tincture of iron, the quantity of urine and amount of sugar were somewhat diminished, but not enough to warrant a hope of his final recovery. About the first of February we began administering to him thirty grains of the bromide thrice daily. Two weeks afterwards the remedy was temporarily discontinued on account of a pustular eruption appearing upon the arms and legs, which was extremely annoying to the patient. The eruption was peculiarly stinging and itching in character, and demanded constant attention in the way of rubbing and scratching to be at all endurable. The bromide was continued, after one week's intermission, in twenty grain doses, three times a day. Anti-diabetic diet was conjoined with the above treatment.

Patient's normal weight was about 170, but at that time he weighed only 135 pounds.

At the present time the patient says he feels much stronger; his thirst is not so great; he does not complain of the "sweet taste" which formerly annoyed him. The skin is not dry as before. The urine is lessened in quantity by about one-half, and there is a corresponding decrease of the relative amount of sugar. Specific gravity of urine 1.031.

Mrs. M. was suffering from diabetes, passing six quarts of urine in twenty-four hours. Specific gravity 1.040; highly saccharine; of pale slightly yellow color; she was drinking large quantities of water and always felt thirsty.

The disease had only been in progress a few weeks. She was ordered to take ten grains of bromide of potassium three times daily; also wine of iron before each meal.

The change was very marked; the thirst diminishing within two days, and, at the same time, the quantity of urine, as well as quality, approached the normal standard. While taking the bromide she

was constantly sleeping, and it was finally discontinued for a week, without any return of the symptoms, but the sugar was yet apparent in the urine. Small doses (two grains) was then ordered to be taken as before, when, in three weeks time, all symptoms had disappeared.

Of course, in the above cases, it would be hasty to pronounce them cured; but from the decided improvement from the first, with the treatment, it has given me great hopes that we have a remedy of much value in the treatment of diabetes which is new and valuable.

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## Ophthalmology and Otolology.

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### PERIODICAL OPHTHALMIA.

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By C. E. WRIGHT, M. D., Indianapolis, Ind.

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Two cases have occurred in my practice which I deem worthy of publication, as involving a point not mentioned in the works on ophthalmology that I have examined.

Diseases of periodical recurrence are by no means rare in our Western States—diseases selecting for their manifestations some particular organ or set of organs. Observation and research have as yet failed to ferret out the cause, either of such selection, or of their marked regularity of appearance; and we must, therefore, vaguely denominate them “malarial,” or honestly confess that we know nothing concerning their etiology. Fortunately we have in quinia a nearly specific remedy, and therefore our therapeutical knowledge is not so faulty.

September 12th, 1869, a man, æt. 29, presented himself for treatment. He was apparently strong, and accustomed to hard labor. During the preceding week he had been troubled with an inflammation of the conjunctiva, which recurred regularly every other day, about four o'clock in the afternoon. Examination failed to reveal any disease in other portions of the body, and the patient said he had not had chills or fever. Vision was normal, and the eyes presented but little evidence of hyperæmia or any diseased condition.

Giving the patient a placebo, I directed him to call upon me when the eyes were inflamed. About four o'clock in the afternoon of the same day, he presented himself, complaining of a burning and



"scratchy" feeling in the eyes. There was profuse lachrymation and decided photophobia. Patient said that previous to the attacks he was able to prophesy their coming by a "stiffness" and dryness of the eyes—it being difficult for him either to open or close the lids—lasting for about ten or fifteen minutes.

Upon examination I found the papillae prominent and the vessels of the ocular conjunctiva enlarged and tortuous, and in the retro-tarsal fold a slight amount of stringy mucus. In short the eyes presented the symptoms of catarrhal ophthalmia. This inflammation reached its height about eight o'clock, after which it began to subside; and by next morning the eyes were almost free from any irritation.

September 13th, the patient was given two grains of sulphate of quinine every two hours until ten grains had been taken. No local treatment whatever was employed. No recurrence of the inflammation.

September 14th, before breakfast, a teaspoonful of sulphate of magnesia was given and secured a free evacuation of the bowels a short time afterward. At half past three o'clock the patient again complained of the dryness of the conjunctiva, and the inflammation soon followed, although in a milder form than previously.

The next day the quinine was continued until twenty grains had been taken and the patient complained of its constitutional effects. No more attacks of conjunctivitis were observed; and the eyes have remained in a healthy condition to the present time.

Soelberg Wells, (*Diseases of the Eye*, p. 108,) mentions a case, reported by Mooren, of vesicular disease of the cornea which "assumed the character of a regular certain type, and was cured by the energetic use of quinine;" but nothing is said of conjunctivitis occurring periodically.

Another case, which cannot be classed under the head of malarial diseases, presented for treatment, August 18th, 1869. A woman *act.* 41, mother of several children, menstruated regularly every four weeks. For three or four days previous to each of the last four menstrual periods she was troubled with all the symptoms of catarrhal ophthalmia, which were more aggravating than in the preceding case, and the inflammation went on to the formation of mucus.

The patient was directed to take ten drops of muriated tincture of iron thrice daily, and to return when the eyes became inflamed.

August 27th, she returned, complaining of a throbbing headache, nausea and a dry cough. The conjunctivæ were only slightly injec-

ted. A cathartic was given, and she was directed to apply warm fomentations to the eyes.

On the following day, the eyes were much worse; the eyelids were swollen; tears and mucus freely secreted; constitutional symptoms the same as on previous day.

August 29th, the eyes were no better and the discharge had assumed a muco-purulent character. In the evening the menses appeared, and from the time of the appearance of the flow the eyes gradually recovered.

The patient was directed to continue taking the iron, and for one week previous to each menstrual period to take twice daily ten drops of ethereal fluid-extract of ergot. She has been entirely free from eye trouble since that time.

I shall not attempt to theorize upon these cases and merely offer the facts for what they are worth.

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## Hospital Reports.

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### INDIANA HOSPITAL FOR THE INSANE.

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The twenty-first annual report of this Institution, closing with the fiscal year October 31, 1869, has been received. This is the first report since the organization of the Hospital Staff under the superintendence of Dr. Orpheus Everts, and is a brief but clear and complete statement of the general condition, financial and otherwise, of the Hospital for the year, together with general statistics.

According to the statistics given there were in the Hospital at the beginning of the year 291 patients. Admitted during the year, 314. Making the whole number in Hospital during the year 605. During the year 218 were discharged, as follows: Restored 124; improved 14; unimproved 48; died 32. Remaining Oct. 31, 1869, 387.

An appendix to this report contains the general statistical tables, of all admissions, causes, conditions, nativity, religions, occupations, &c., since the organization of the Hospital. We can glance at but a few of these interesting statements.

The whole number of these admissions has been 4,026. The probable causes, for which most persons inquire with much interest, are as follows, beginning with the largest number: Unknown 708; phy-



sical disease 529; religious excitement 326; domestic bereavement, males, 61, females 198—total 259; domestic dissension, males, 47, females 101—total 148. Other and specific causes comprise the smaller numbers.

We have no means of comparison to indicate what classes of individuals are most liable to insanity. As to occupation, farmers are largely in the ascendancy, although this may be accounted for from the fact that of the population of the State much the largest proportion are farmers. Of the 2,069 males admitted, 1,117 were farmers; 203 laborers. Other than these larger numbers all trades and professions seem to have their representatives, as physicians 17, clergymen 16, lawyers 9, editors 2, merchants 46, teachers 27, bankers 5, no occupation 53. Of 1,957 females admitted the occupation of 1,806 was house work, 33 teachers, 83 school girls, 43 no occupation, &c.

Of 3,639 discharged, 1,966 were restored, or a little more than 54 per cent.; improved 495; unimproved 799; died 366. Of all cases admitted 1,008 are attributed to hereditary influences. This is one-fourth of the whole number, and is certainly a strong confirmation of the natal transmission of this terrible malady.

The nativity of all cases is also given, to-wit: Indiana 1,315; Ohio 557; Kentucky 366, &c., including twenty-six States. Foreign—Germany 331; Ireland 229; England 53, &c.

In regard to religion those making no profession, or not ascertained, 1,739, largely predominate. Of the denominations—Methodist 686; Catholic 363; Baptist 288; Presbyterian 236; Disciples of Christ 174, &c., &c.

There are many other interesting items in these tables which might be profitably mentioned and commented upon, but we have not space for more.

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## Editorial.

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In issuing our first number of the *INDIANA JOURNAL OF MEDICINE*, we wish, in a brief manner, to make known its scope and object.

No apology for our undertaking is necessary. Indiana needs a Medical Journal, and must have one devoted to the interests of her medical men. There are constantly interesting cases being reported, valuable papers being presented, and new discoveries being made, which are lost upon the records of local medical societies and county associations. These should be brought together in a common organ

of communication, in a form to be preserved; accessible when needed.

In the publication of our Journal we desire to place ourselves upon the footing of personal friendship with every regular practitioner in the State.

At the beginning our Journal will consist of thirty-two pages, composed of short original articles and practical condensed abstracts from the best foreign and native current medical literature; also items of general scientific interest.

Our associate, Dr. Guido Bell, will prepare, each month, such articles from the French and German medical and surgical journals as are deemed of practical importance to our readers. Long articles, impractical matter, and medical controversy, will be avoided. Finally, we desire to state that this journal is not the organ of any school, society or association, but an individual enterprise, conducted for the interests of medicine and surgery of the State of Indiana.

Our subscription price is small, and we hope it will thus be within the reach of every medical man in the State. We cannot send our Journal without having received the price; neither do we solicit donations from those who desire to help us in the start. Any physician desiring to do us a favor will confer it by speaking well of our Journal, if he thinks it a good one, to his non-subscribing medical friends, and by so doing will help us to a healthful growth. To Secretaries of county and local medical associations we ask, at least, that they will send us the name of their society, their officers and times of meeting, as no exact information in relation to these organizations can be found by us even in the records of the State Society.

We extend, here, our cordial invitation to the profession at large to send us medical or surgical articles—all items of medical interest occurring in their locality; also deaths or marriages of physicians. For such favors we will be grateful, and will do favors in return.

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## STATISTICS RELATIVE TO THE INSANE AND IDIOTIC.

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Governor Baker has sent to each physician in the State a blank form for the return of the names, residence, age, sex and color of all insane and idiotic persons known. This is a most important matter, and we hope no one will neglect filling up and returning the paper at once.

We understand that this is the commencement of an inquiry which, in all probability, will end in the establishing of a training school for idiots and an asylum for the incurable insane.

This subject has already been agitated, and some most valuable labor has been performed, and a paper written by Dr. Ayers, of Fort Wayne, to whom the honor of being the first to move in this most worthy cause should be accorded.

We have no preference as to the locality of these institutions, but only hope they will be established, and that soon; and that being established, they will be freed from that most obnoxious system of mere party control, which is sure to result in constant and useless changes of the officers in charge. There are, no doubt, at this time hundreds of insane and idiots, and those partially so, thrust away in county poor houses, and hidden from view in county towns and cities, whose condition, to say the least, might be greatly benefited, if not cured. It is a curse upon our country and our civilization to let them go uncared for, in a condition of filth and helplessness, not above the brute creation. We think our Governor has taken a large contract to gather correct statistics from the Doctor. They are proverbially negligent in regard to answering letters, and particularly so when it relates to patients. Enough might be done by sending a competent person to inspect every county asylum in the State, and report upon its condition, and enough material would undoubtedly be gathered to fill any large asylum with those who are most neglected.

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### CHLORAL.

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Within a few months the discovery of the action of this new sleep producer, has excited great interest among medical men—perhaps few in this State have used it—but from the experience of some of our most worthy physicians, we have been led to believe that this remedy fills a place in our materia-medica which was heretofore unoccupied. We have learned of several interesting cases where opium in all its forms, hyoseyamus, lupuline, and many other articles, have utterly failed to quiet or produce sleep, where chloral was administered with most perfect success. So important is this agent likely to become that we do not hesitate to present the following abstracts relative to its purity and action, which we copy from the *Druggists' Circular and Chemical Gazette*:

“Pure hydrate of chloral is perfectly white, forming long prismatic crystals, which are grown into each other. It possesses con-

siderable hardness, but can be reduced to powder with comparative ease. Its odor, at ordinary temperatures, is not very strong, reminding somewhat of chloroform or hypochlorite of lime (bleaching powder). Its taste at the beginning is mild, but sharp at the end. It volatilizes without taking up much moisture when exposed to the open air, but may deliquesce in an atmosphere saturated with water. At a temperature of 133° F., it fuses to a colorless extremely clear liquid of strong refracting power, and boils at a temperature of 293° F. The crystals must not show any moisture on being pressed between filter paper."—*Comptes Rendus*.

And the following abstracts of a lecture by Prof. Gamgee:

"*Action of Chloral on the Lower Animals*.—Frogs are usually rendered insensible by doses of half a grain of the hydrate of chloral. Fishes may, as appears from Dr. Richardson's experiments, be thrown into a sleepy condition by the subcutaneous injection of the substance.

"Birds are very easily affected.

"I am now about to inject two grains of hydrate chloral, dissolved in thirty minims of water, under the skin of a pigeon weighing thirteen ounces. In a very few minutes the bird will become drowsy; it may pass into a condition undistinguishable from that of natural sleep, or it may actually tumble upon its side and remain motionless for a considerable period. (The lecturer having performed the experiment, the pigeon fell into a condition of placid sleep, and remained so during the rest of the evening.)

"I shall illustrate the action which this substance exerts on rabbits by injecting fifteen grains, dissolved in a drachm of water, under the skin of one of these animals. Soon the animal will exhibit disinclination and even disability to move, and then we shall find it passing into a condition of very deep insensibility. Unless the dose be too large the heart will continue to act and the respiration will go on, and the insensible rabbit will awake from its deep slumbers apparently unaffected. If we observe the temperature of animals subjected to hydrate of chloral we find, as Dr. Richardson was the first to point out, an extraordinary fall of the thermometer, which again commences to rise when the symptoms begin to disappear.

"When given in doses of from thirty grains to one drachm, hydrate of chloral produces in man the same order of events as have been noticed in animals. A deep sleep readily follows its use, and this is not usually succeeded by headache, nausea, or the other disagreeable symptoms which not unfrequently supervene after the effects of narcotic drugs have passed off.



"It would obviously be unsuitable for me to discuss, in this place, the precise physiological action of this drug, even were our knowledge sufficiently complete to enable me to do so. I may, however, just mention some arguments which appear to me to render Liebreich's hypothesis, of the action being due to gradual development of chloroform from chloral, highly improbable.

"It is quite true that caustic alkalies induce the decomposition of hydrate of chloral, but the blood does not contain any of these substances; and it is interesting to inquire whether the alkaline salts which do exist in blood, and upon which its alkalinity depends, are capable of effecting the decomposition of hydrate of chloral.

"This alkalinity is due, no doubt, chiefly to alkaline phosphate of soda; in addition, the blood probably contains some bicarbonate of soda. Now are these salts capable of decomposing chloral? With regard to the first, I find that even when it is heated to a boiling-point in contact with a solution of chloral, it fails to decompose it, while with regard to the second, I find that it is only after the temperature has been raised above  $70^{\circ}$  C. that chloroform is given off, the evolutions becoming extremely free when the liquid is boiled. Chemical facts therefore appear to me to militate against the chloroform theory, which also is, I think, opposed to the consideration of the physiological actions of chloral and chloroform.

"In the first place it appears to me that the symptoms which are produced by small doses of chloral are quite out of proportion with those which we can suppose would be caused by an equivalent quantity of chloroform existing in the system. In the case of a deep sleep, lasting for six hours, and following a dose of forty grains of the hydrate of chloral, we must, if we espouse Liebreich's theory, suppose that twenty-six grains of chloroform are sufficient to account for the result. We must, namely, admit that the evolution of chloroform in the blood, at the rate of four grains per hour is capable of producing deep sleep. Now, when we think of the absence of sleep which is constantly noticed immediately after a patient has recovered from the anæsthetic effects of chloroform, we cannot help being skeptical. In these cases the blood is often saturated with chloroform vapor, which continues to be excreted by the lungs for some time after, and yet there may be no tendency to sleep.

"If we contrast the action of chloroform and chloral, we find evidences of very great differences. In the former instance reflex action is soon abolished; in the latter it appears often heightened, always almost, if not quite, unimpaired. And I need only say that this points

to an essential difference in the mode of action of these substances on the spinal cord and on the nerves.

"Whilst I, therefore, state my conviction that the theory of the action of hydrate of chloral which has hitherto been suggested is untenable, I must express my belief that its introduction into medicine is likely to prove highly beneficial, and to supply us with a new remedy—new, in this sense, that its action will, I am sure, be found to differ most materially from that of our old narcotics and anæsthetics, and so as to cause it to be useful when their use might be attended with danger or inconvenience.—*Lond. Pharm. Journal.*

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INDIANA MEDICAL COLLEGE.—After a very pleasant session this institution closed, on the first of March, with a graduating class of twenty-seven. The entire number of matriculants was eighty-five. For a new organization this was certainly very encouraging for a beginning; and if now, with the aid of a fine building completed, with large lecture rooms, ample dissecting room and laboratory, and every accessory to illustrate the lectures, the College is not a continued success we will be very much surprised. There were many discouraging predictions at first, even by medical men here, as well as in all parts of the State. The principal one was that there was no suitable building in the city; that dissecting material could not be had, and that there would not be hospital material for clinical instruction. But the facts are, that a large building was constructed for the purpose, and is paid for; that dissecting material was abundant, and that there was more clinical material than was required to occupy two afternoons of each week. All this speaks well for the growth of medical education in the State of Indiana.

The spring course of lectures began on the fifteenth of March with a class of twenty-five, and is now nearly through its ten weeks term. Having full knowledge of the gentlemen connected with this institution, we have no hesitancy in saying that they will leave nothing undone to make their school rank with the best in the land.

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METEOROLOGICAL REPORTS.—We have made arrangements with Dr. G. V. Woollen, Superintendent of the City Hospital, (in charge of the meteorological observations for the Smithsonian Institute and the Academy of Medicine) to furnish us each month with the results of his observations, which to the physician and man of science will be of great value.

STATE MEDICAL SOCIETY.—We hope that it will not be forgotten that our State Medical Society will hold its annual meeting on the 17th day of May. We understand that the committee are making preparations for a pleasant as well as profitable reunion. Our State Society should become useful, and for that object a good attendance is most desirable. The organization should be popular among the medical men of the State. More papers should be presented of real worth, whereas but few counties are represented. And there is almost a total neglect on the part of appointed committees in making reports.

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MEDICAL EDUCATION.—A congress of medical teachers will be held in Washington, D. C., the first week in May. The business before this assembly will be to equalize the fees of medical colleges throughout this country, and to establish a uniform system of medical education. Besides, it is likely that the propriety of allowing women and Africans to attend the existing medical schools will be discussed. How well the medical educators will harmonize this matter remains to be seen; but we predict that hereafter, as heretofore, each college will do the best it can for its own interests.

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AMERICAN MEDICAL ASSOCIATION.—This Association will hold its annual meeting in Washington, May 3d, at which time, it is predicted, much important business will be transacted, and some valuable papers read; if this be the case, it will be a new feature in this gathering of representative physicians. The amount of influence the Association has upon the physicians, at large, in this country is very small, and the amount of valuable scientific material that has emanated from it is surprisingly little.

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CLINQUES.—It is hoped that hereafter we will be able to give reports of cliniques at the College and City Hospital. Many cases of interest occur at St. John's Home for Invalids, and at the Orphan Asylum, reports of which we will endeavor to obtain from the attending physicians and surgeons.

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BOOK REVIEWS AND NOTICES.—It is our intention to devote ourselves to the careful and candid review of such books as are intrusted to us for that purpose, as we wish to let the profession of our State have an idea of the value of the different publications, as soon as they come from the press.



EXCHANGES.—We have sent each publisher of medical journals a copy of our JOURNAL, desiring to exchange with them. Should it be thought that our small journal is not adequate to compensate for the larger ones, we will cheerfully arrange the difference, upon said publishers making known the terms.

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SUBSCRIPTIONS.—Our intention is to send number one of this JOURNAL to every physician in the State. If any are overlooked, it is because we have failed to get their names from any record to which we have access. Any physician desiring to subscribe, we hope he will do so at once, as we do not propose publishing a great number hereafter beyond our subscription list. The sum of one dollar and fifty cents may be sent to us by mail, and it will insure twelve numbers, being sent in return.

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## PROCEEDINGS OF THE INDIANAPOLIS ACADEMY OF MEDICINE.

INDIANAPOLIS, April 19, 1870.

Academy met in their new hall, in the Medical College building. Dr. D. H. Oliver, President, in the chair. Dr. A. W. Davis, Secretary.

After transacting the regular business, (the essayist, Dr. Foley, being absent,) Dr. T. B. Harvey was called upon to present some subject for discussion, whereupon he made some brief and interesting remarks upon supporting the perineum during the last stage of labor.

Dr. Harvey thinks that rupture of the perineum is far more frequent than is generally supposed by physicians. One reason it is not more frequently observed is, that as soon as the child is born and the placenta is removed, except in rare cases, the attendant does not examine to see if any rupture has taken place, and in what degree. Dr. H. related several instances that had come under his observation which had entirely escaped the knowledge of the attending physician.

The various modes of supporting the perineum, recommended by different writers, was commented upon, and the varieties of laceration, with their symptoms and degree of injury, given; and the sev-

eral modes of operating were detailed, with some original observations and cases, by the speaker.

[Lack of space and the promise of an article upon this subject by Dr. Harvey, for a future number of the JOURNAL, prevents, at this time, a more perfect report.—Eds.]

An interesting discussion followed, in which Drs. Rich, Todd, Bigelow, Stevens, Woollen, Oliver and Davis participated.

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HALL OF THE INDIANAPOLIS ACADEMY OF MEDICINE, }  
April 26, 1870. }

After the regular business the essayist, Dr. Gaston, was called for, but not reporting. Dr. Bigelow related a case, which had come under his observation, of an old man who was attacked with what appeared to be an acute bilious colic. The treatment was, for immediate relief, subcutaneous injection of morphia, and, for removal of supposed cause, most active cathartics and hot fomentations. The cathartics did not act, and to large quantities of warm and stimulating fluids, which were injected, there was no response. After the third day excessive vomiting was added to the list of unfavorable symptoms, and the entire contents of the bowels was brought upward. There being no doubt as to the existence of some intestinal obstructions of a serious nature, and no symptom pointing to intestinal or omental hernia, all purgatives were discontinued, and the patient put upon morphia, opium, and belladonna, both by suppositories and in pills. The hot fomentations were continued, and the patient fully supported by beef tea, wine and barks. After much pain, great emaciation, and almost abandonment of hope, the patient, upon the thirteenth day, had a movement of the bowels, passing about thirteen to fourteen feet of fecal matter, which was rather hard and glue-like, retaining its shape even after a long time in water. It was free from lumps, and was not flattened, being about three-fourths of an inch in diameter. The patient, from the day of the removal of the obstruction, has rapidly recovered.

Drs. Todd, Harvey, Fletcher, Cominger, Bell and Ward commented upon the case, and the question as to whether surgical interference would be justifiable in such cases was discussed. The general opinion was against such measures, and that of anodynes and food most digestible, with time for nature to cure, was strongly recommended.

## ABSTRACT NOTES FROM FOREIGN JOURNALS.

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Translated by Guido Bell, M. D.

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INDIGESTION FROM PRESENCE OF BILE.—Assimilation in the stomach is prevented by bile. Pepsin is precipitated when bile is added to the gastric juice mechanically with the glycocholic acid. The pepsin separated again from said precipitate and brought in acid solution has again its assimilating powers.—*Prag. Vierteljahrschrift.*

AUSCULTATION OF THE ŒSOPHAGUS IN DISEASES OF THE MEDIASTINUM.—Dr. Hamburger says: "The noise caused by swallowing water, must be heard along the vertebral column; when not, it is prevented by a tumor (then the swallowing itself is difficult) or by fluid in the mediastinum." He describes an interesting case known as hydromediastinum.—*Ibid.*

VALUE OF INDUCED LABOR IN DEFORMED PELVIS.—Prof. Spiegelberg says: "The value of artificial premature birth arises from not inquiring its relation to the danger resulting from the close pelvis in general, only regarding the consequences of the operations otherwise necessary in close pelvis; and, secondly, from identifying live born children." He gives a statistical table both of artificial premature birth and natural birth in close pelvis, and proves that induced labor cannot be recommended when the conjugata vera is longer than 8 centim.

E. I. Schaller gives, in his "*Memoire Presenti a l'Academie Imperial de Medicine*," the following facts of his experiments with chloride of iron:

Concentrated, a sure and quick remedy for chilblains, and even for frozen limbs.

The best caustic in pseudo-membranous affections.

Diluted, good for diphtheritic ulcers.

Internally against diphtheritis, scarlatina, croup, etc.

Diluted, against angina and other affections of the mouth.

Against "*Villemin's de la vivulance et de la specifite de la tuberculose*," many objections are made by German experimenters. Tuberculosis is caused by resorption of organized corpuscles; is not specific.—*Ibid.*

Prof. Huffman proves, by experiments, that injection of the skin is the best and only symptom of burn in the living.—*Prag. Vierteljahrschrift.*

Four cases of aneurisma aortæ treated by the galvanic current without success, (Tackaner); one successfully with plumb. dieticum (Hægh), 4 grs. twice a day, every week increasing with 2 grs. Two other aneurisms successfully treated with ergot hypodermically, (Langenbeck.)

CARBOLIC ACID.—According to the experiments of Dr. Newman, carbolic acid is: 1. A strong poison affecting the nervous system, respiration, circulation and excretion. 2. More effective hypodermically. 3. When internally (1-10—1-40 gr. cautiously) taken, good against squamous affections of the skin and hyperæmia. Its external use is against parasites and chronic inflammations. 4. Carbolic acid destroys germinating plants of the lower orders. Solution 1: 300 or 500.

Several cases are reported of poisoning with aniline colored candy. Some aniline colors are not poisonous.—*Ibid.*

Oppolzer's Lectures on Pathology and Therapeutics are recommended as a standard work in Germany.

Some objections are republished against vaccination. They are gaining attention.—*Ibid.*

## Reviews.

CHEMICAL EXAMINATION OF THE URINE—By AUSTIN FLINT, JR., M. D., pp. 73, 1870. Appleton & Co., New York. For sale by C. P. Wilder, Indianapolis

Prolixity, or a multitude of words to express thought, is the great curse of books, and especially so with text-books for students or books of ready reference. A minute analysis of a subject will do where we have a point to establish, but that which is fully recognized should be mentioned in as few words as possible. To cause a student to sift a mass of matter to obtain the minute fact he wants, is useless. The most profitable authors we have in chemical literature are those who state facts clearly but briefly. Taylor and Brande on general, and Odling, and Bowman on analytic and medical chemistry, are of this class.

The little work by A. Flint, jr., fills a place which, with the exception of Bowman's Medical Chemistry, was almost vacant. In Flint's volume the best tests are given and the simplest plan of analysis—

both quantitative and qualitative. The pathological conditions associated with the various abnormal states of the urine are merely glanced at. The part devoted to analysis is full and, at the same time, easily understood. The tests which the author has found most reliable are alone given, and the student need not be perplexed in choosing between the many which are often afforded for his consideration. The only portion of the work in the least faulty is that devoted to the consideration of urinary calculi, and we can only regret that the author has seen fit to pass by such an important subject with so little notice.

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## Miscellaneous.

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### SYPHILITIC AFFECTIONS OF THE EYE, ORBIT, AND BRAIN.— [Acad. Imp. d. Med.—DR. GALEZOWSKI.—AS THE RESULTS OF OVER NINETY CASES IN HOSPITAL AND PRIVATE PRACTICE.

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The affections of the retina and optic nerve may, according to the author, develop themselves through the influence of syphilis without other membranes of the eye taking part in it—although there are exceptions. And in fact, on close observation and examination of the facts of this sort, one may be easily convinced that with syphilis generally, several of the membranes participate at the same time. Thus nothing is more frequent than iritis and retinitis or inflammation of the optic nerve itself, and this even combined with choroiditis or keratitis. The author, after having carefully studied the different forms of syphilitic amblyopia and amaurosis, comes to the following conclusions, which seem of great weight both for diagnosis and the treatment.

1st. Syphilitic retinitis and inflammation of the optic nerve may occur without changes in the choroid or iris, but such are exceptional cases; and then they differ but slightly from other forms of retinitis. They occur under the form of a retinitis apoplectica or exudativa, or as a common perineuritis.

2d. In the majority of the cases, syphilitic inflammations of the retina and the optic nerve are accompanied by an iritis or a choroiditis or by both affections together. Syphilis only is capable of producing such disturbances simultaneously in the retina choroid or iris.



3d. Disturbances of the power of appreciation of color are constant in syphilitic retinitis, and inflammation of the optic nerve.

4th. The syphilitic choroiditis is one of the most frequent forms among the syphilitic amauroses. The signs of this disease are very characteristic and pathognomonic, as Desmarres Sen. and the author have shown. The signs are as follows:

Sudden disturbance or loss of sight often for a long time. Clouds, like spider webs, float before the eyes. Sparks, photophobia hemeralopia at an advanced stage of the disease, long continued possession of the central sight with lessening of the peripheric view, pigmentated retinitis at the height of the disease, disappearance of the central vessels of the retina with retention of the rosy color, which comes from the vessels proceeding from the brain.

5th. The pigmentated retinitis very often develops itself in consequence of the syphilitic choroiditis.

6th. The flecks of pigment often group themselves in a circular or zonular form, and much resemble the circles of Herpes circinnatus. The case shown by the author had this appearance.

7th. The contracted pigmentated syphilitic retinitis in no wise differs from the congenital, and has, until now, always been ascribed to hereditary taint.

8th. Congenital pigmentated retinitis belongs to hereditary syphilis.

9th. Congenital pigmentated retinitis, as well as the contracted form, should be treated by a mixed anti-syphilitic treatment.

10th. Children born of syphilitic parents should be examined by the ophthalmoscope, and subjected to the above alluded to treatment as soon as the signs of pigmentated retinitis present themselves.—*European Medical News*.

#### ON INTRA-UTERINE INJECTIONS IN THE TREATMENT OF UTERINE DISEASES.—[*Deutsch. Arch.*, 6, pt. 68.]—DR. RIEGEL, WURZBURG.

The author resumes, after an extended and instructive essay upon this subject, and comes to the following conclusions:

1st. Intra-uterine injections may be employed with certain precautions with perfect safety.

2d. Previous to the injection, an introduction of the sound is necessary after proper diagnosis, in those flexions which are free from adhesions, for the purpose of a preliminary replacement of the organ. Measurement with the sound is not necessary for the fixing of the amount of fluid to be injected.

3d. It is absolutely necessary before the injection is made, that the cervical canal and the os-internum are so far open that an accurate examination is possible by means of the finger, and that the fluid has an unimpeded passage out.

4th. Before every injection the uterus should be carefully freed from the secretions it contains.

5th. Ulcerations and granulations on the portio vaginalis, in the cervix, or in the cavity of the uterus, it is better to cauterize beforehand with lunar caustic in substance, or by similar means, in order to protect the parts against the touch of the corrosive applications; although, as they are mere consequences, they may head the treatment directed against the original disease.

6th. Peri-uterine affections are no absolute contra-indication against intra-uterine injections, although the latter then only serve for the momentary suppression of single symptoms, and may readily become dangerous.

7th. The degree of temperature of the injection fluid is to be arranged according to the purpose of the injection, and for most cases the natural heat of the body is best.

8th. Intra-uterine injections are not only capable of momentarily checking single symptoms, such as bleeding, but under certain favorable circumstances it is possible by them to ameliorate and often to entirely cure, by the interposition of an acute inflammatory condition, disease of the mucous membrane as well as of the substance of the uterus.—*European Medical News.*

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## Chemical and Scientific.

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ON TESTING OILS FOR AN ADMIXTURE OF ACIDS.—To test any oil for an admixture of acids, put into a test-tube about one inch of a concentrated solution of carbonate of soda, which must be prepared from pure crystals, and about the same amount of oil, and then shake for a few minutes; were the oil free from acids, it would, after standing a little while, rise and float over the soda solution as a transparent fluid. Were it to contain, however, acids, it would form a white soap-like emulsion, with separation of only a few drops of pure oil. A large amount of acid in the oil will cause the emulsion to become of such consistency that in turning the glass over nothing

will flow out. If, after shaking as just described, a concentrated solution of chloride of sodium is poured into the test-tube, and the latter then shaken again, the oil or the emulsion will rise and separate a great deal quicker.

It is necessary to use for this purpose crystallized soda; for the dry carbonate of soda (the soda-ash of commerce) contains always a small quantity of caustic soda, which will produce an emulsion even with pure oils that are perfectly free from acid. By this method oils can be tested in very little time, and the test is always reliable. It is a method especially useful to the machinist.—*Pharm. Zeitschrift f. Russland.*

**ACTION OF IODINE UPON ARSENIURETTED AND ANTIMONIURETTED HYDROGEN.**—Dr. Husson finds that both these gases, when made to pass over iodine, readily yield iodides of arsenic and antimony. The author further suggests that this reaction should be made use of in toxicological investigations. For this purpose, when Marsh's apparatus is used, a small quantity of iodine should be placed in that portion of the tube where, commonly, the metallic mirror is made apparent; that part of the tube is gently warmed, so that the iodine coats the tube; and the gas is made to pass, care being made to keep the tube somewhat warm. Should the gas contain arsenic, a yellow-colored vapor will be at once observed; when the gas contains antimony, an orange-colored iodide of that metal is formed. The iodide of arsenic yields, when volatilized, yellow-colored vapors, while the vapors of iodide of antimony are of a deep red hue.—*Ib.*

**TEST FOR COPPER OR IRON.**—It is stated that an alcoholic tincture of logwood furnishes a test for copper or iron of extraordinary delicacy—the hematoxylin combined with either metal producing a pure blue color. By this test an appreciable result is obtained in water having only one part of iron or copper in twenty millions; and it will give an indication when galls or prussiate potassa fails. When the water has been thus rendered blue, the coloring matter will precipitate in light flakes, after several days—a deposit being thrown down, when the water contains only one part matter in five million parts water.—*Journal of Applied Chemistry.*

**DELICATE TEST FOR HYDROCYANIC ACID.**—Dissolve three parts of gum guaiac in one hundred parts of alcohol with which solution white filtering paper is saturated and dried. Before using, this paper is moistened with a solution of sulphate of copper in five hundred parts of water. When this is brought in contact with hydrocyanic acid, whether in a state of solution or vapor, even in the smallest proportion, it immediately assumes a blue color. This affords a cheap and easy method of detecting the presence of this poison, which may be employed even by those who are ignorant of most of the principles of practical chemistry.—*Ib.*

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TWO CASES OF NÆVI, IN INFANTS, TREATED BY LIGATION AND EXCISION: AND EXCISION ALONE.

By J. S. ROBBS, M. D., Prof. Surgery, Indiana Medical College.

It becomes a question in a case of nævus whether the surgeon should interfere, and if so, whether by operative procedure or otherwise. When its small size and slight tendency to enlarge, require no immediate interference, sufficient delay to attest its probable progress, may result in its gradual disappearance without entailing any ultimate injury or blemish upon the patient. If, however, it steadily increases in size, and especially if it be situated so as to become a source of inconvenience or danger, it will require some means of removal. A variety of means have been resorted to for this purpose, all of which have had successful results to commend them under suitable circumstances. The choice of means to be adopted in any given case will be suggested by the structure of the tumors or superficies implicated. When the disease is confined to a small space, has well defined margins, and is readily isolated without injury to contiguous healthy structures, removal by the knife, by ligature, by caustic, by injection, or by seton, may be appropriate and effectual. Even in these cases, however, the intimate structure of the disease may suggest a preference in the adoption of some of these measures over the others. These growths are usually divided into. 1st. Those in which arterial vascularity predominates. 2d. Those into which the venous circulation enters most largely; and, 3d. Those consti-

\* A week previous to his death, this article was handed us for publication. It bears with it more than ordinary interest to his wide circle of professional acquaintances, as the last article from his pen.



tuted of capillary vessels. They are, also, sometimes simply cutaneous; at other times subcutaneous, and in still other instances involve both these textures; or even the whole thickness of the parts upon which they are planted. Where arterial development is marked, indicated by the bright scarlet color of the part, its more or less distinctly pulsatory character, and when it is surrounded by enlarged arterial trunks, the liability to hemorrhage limits the choice of measures to such as will avoid this hazard. If the *nævus* be of a soft, doughy feel, without any throbbing, of a dark bluish color and easily compressible, it is probably of a venous character, and more amenable to treatment. If the *nævus* be slightly elevated above the surface, having a flat and, perhaps, slightly depressed disk, is of a purplish tint, with here and there enlarged capillaries near the surface having a brighter hue, it is probably a capillary growth and less likely to become dangerous from bleeding in case of operative procedure.

December 11, 1869, Mrs. H——, resident of St. Louis, Missouri, requested my advice in the case of her infant, a bright female child, aged seven months, for a vascular growth situated on the right temple, just above the margin of hair, between the upper portion of the auditory canal and the angle of the eye. It was slightly elevated above the surrounding surface, had a light red color, flat disk, and pulsated faintly. An ill defined ridge ran around its periphery, and the superficial branch of the temporal artery, considerably enlarged, entered its lower margin. It was compressible and gave the sensation, when depressed, of having excavated the cranium beneath it. It was evident that the arterial vascularity predominated. It was congenital, had gradually increased in size, and the mother had taken the advice of a physician at St. Louis, who recommended the application of collodion. This produced irritation and some ulceration, with slight bleeding from the part, which induced her to desist from its use. Traces of the ulceration were still to be seen. The *nævus* was slightly oval in outline, and nearly an inch in diameter. The evident vascularity of the tumor, and the vigorous throbbing of the main artery nourishing it, induced me to adopt the ligature for its removal. For this purpose, December 14, having administered chloroform, and being assisted by Dr. T. M. Stevens and R. D. Craighead, a student of medicine, I introduced a sharp pointed, narrow bladed instrument under the cutis about the eighth of an inch from its border, and incised the skin around it, while compressing the temporal branch that supplied it. Then I carried a needle with an eye near the point, threaded with a single ligature, from the sec-



tion on one side to that on the other, closely along the excavated base. Removing the needle, I passed it in the same manner at right angles with the first ligature, using the thread to draw the base of the tumor outward while I passed the needle beneath it. Attaching double ligatures to the single ones, they were made to take their places, and the contiguous ends securely tied, so as to effectually strangulate the parts embraced in the circular channel made through the cutis and a portion of the subcutaneous tissue around the tumor. This assumed a bluish color at once and the hemorrhage, which had been considerable, ceased. A few drops of paregoric were administered, with directions to repeat if the child fretted, and which was done.

The following day the patient was found to have cried some during the night, but the paregoric had quieted it, and it was comfortable. A wet cloth was kept to the part.

December 16.—Child some feverish and fretful. Directed some chalk mercury and Dover's powder, which acted well, and reduced tendency to fever.

Nothing requiring notice occurred in the further progress of the case. An occasional cathartic and anodyne were given. In two weeks the slough separated, leaving a clean granulating wound which gradually cicatrized under the application of simple ointment, six parts to one of red precipitate ointment.

The mother made a visit to Ohio and when she returned, fourteen weeks after the first operation, requested me to see the patient again, as she thought there were signs of the tumor returning. The cicatrix still had a reddish hue, and faint indications of increased cutaneous vascularity were to be seen around it. As I hoped the usual tendency of cicatrices to contract might constrict these vessels, I delayed a few days to determine whether further operative procedure would be required. The increased fullness of the parts, and the extension of the abnormal vascularity to the cutis, beyond the boundary of the cicatrix in some parts, soon became more apparent, and I decided to remove the whole by the knife.

March 18, 1870, assisted by Dr. I. I. Cameron and R. D. Craighead, the child being under the influence of chloroform, I made a circular section beyond the limits of the tumor, and dissected the whole out, leaving nothing but the pericranium and the upper margin of the temporal fascia at the bottom of the wound. There was some loss of blood, but only one vessel required ligation, and after all tendency to bleed had ceased, the lips of the wound were drawn together with fine silk ligatures, placed near together, and straps

over the whole. An anodyne was administered as before. The case progressed as in the first operation, with the exception that there was considerable fretfulness and occasional fever for a couple of weeks, but these were rather the consequence of the child's teething than the operation. The gums were lanced several times, and as soon as the teeth came through, all disturbance subsided. The sutures were left in for about ten days, as the object was to have the sound covering around the seat of the disease adhere permanently. The parts were frequently dressed with straps in the meantime. The sutures being removed were found to have ulcerated where they were tense, but most of the surface, indeed nearly the whole of it, remained covered, and the other portions soon closed up, leaving a healthy surface.

December 28, 1869. An infant seven weeks old was sent to me from Hamilton county by Dr. ———, with a congenital *nævus* on the right side of the upper lip. It was oval, prominent, of a bluish-black color, and extended from the free margin of the lip into the right nostril, completely closing it. It was well defined, and without any pulsating throb, or any other evidence of decided arterial character. It seemed to be constituted chiefly of enlarged veins, was extending both from its borders and through the lip. The child was a healthy boy, and could nurse without much inconvenience. As any application followed by sloughing or vitiated discharge from the part would probably allow a portion of the latter to reach the stomach, and as it was uncertain as to what extent the nostril was implicated, I decided to remove the part by the knife. The coronary arteries were well developed, and in order to control the tendency to bleed, a pair of spring-catch forceps were placed on the lip on either side of the tumor, which compressed the parts effectually. With the assistance of Dr. Stevens, the child being under the influence of chloroform, I removed the whole, carrying the incision beyond the boundaries of the tumor in all directions, and extending them into the nostril, as far as any diseased tissue could be detected, and to that extent removing the floor of the nostril. Some blood was lost, but no vessels were required to be ligated, the bleeding being controlled by bringing the lips of the wound well into apposition. For this purpose a suture needle was passed near the free border of the lip, and also one near the ala of the nose, an interrupted suture being placed between these. The infant bore the operation very well. A few drops of Tinct. Opii et Camph. were given, occasionally. Some feverish symptoms were developed for several days, for which some cathartic medicine was administered, but noth-

ing requiring special notice occurred in the progress of the case. Over the sutures a plaster was carried to the cheek, to relieve the tension of the parts. This was renewed every second or third day, the sutures not being removed for ten days. Afterwards some lint with a mixture of simple cerate and red precipitate ointment was placed over the wound, and the plaster extended well over the cheeks. The case progressed very satisfactorily, and the mother returned home in three weeks, the parts having nearly closed up without any reappearance of the disease. I have since learned that it remains well.

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## GENERAL INDICATIONS FOR THE USE OF TONICS.

By CHARLES CARTER, M. D., Resident Physician of the Northern Dispensary, of Philadelphia, Pa.

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The term Tonic is used to designate those agents which have the power of imparting strength and energy to the system. Everything, from a juicy steak to a salt bath, which contributes to the support, sustenance, and *strength* of the body, may be considered in an enlarged sense a tonic.

In the materia medica, however, the term is of more limited application, and we use it only in reference to certain mineral and vegetable substances.

These may be divided into three groups: First—Those articles the primary manifestations of whose operation are in the organs of digestion, consisting in a direct increase of appetite and digestive power of which gentian affords an example.

Second—Those articles the primary manifestation of whose operation is the vascular system, consisting in a direct increase of vital energy and strength of action, of which cinchona is considered an example; and,

Thirdly—Those articles the first effect of whose operation are on the nervous system, consisting of a direct increase of energy with which the nervous function is discharged, of which nux vomica is an example.

We may therefore say in general terms, that the first group are more appropriate in deficiency of appetite and digestive power and consequent exhaustion of the system at large depending upon the want of proper nutrition—and that the second and third groups are more appropriate in cases where the vascular or nervous system are

primarily effected. But it must be observed that by protracted and continuous use each of these groups affect secondarily by invigoration, the system at *large*.

Many writers on the *materia medica* do not make the divisions of tonics precisely similar to that here given; and there are, I believe, *practitioners* who do not practically recognize any division, because they employ only one article as a tonic, viz: Old Bourbon Whisky.

I desire now to allude as briefly as possible to some of the indications for the use of tonics of the first group.

First—They are useful in deficiency of appetite, and consequent deficiency of proper nutrition, as before observed. We find this suspension of appetite in both acute and chronic diseases. In the first stage of an acute disease it may be a very wise provision of nature; but the symptom must not be allowed to continue as it is very apt to do. Unpleasant if not fatal results might take place if the alimentary supplies be allowed too long to fall below the ordinary wants of the system through want of appetite. In chronic affections there is almost always loss of appetite attended with emaciation. By the use of this group of tonics the appetite and digestion may be maintained, the introduction of nutritious food kept up, and the vital forces therefore sustained.

Secondly—It is in that frequent and distressing malady, *Dyspepsia*, that we find this group most efficient. The article belonging to this group with which I have had most experience is gentian. I have administered it in substance, its various preparations, and also in combination with various other medicines, with the happiest results.

For deficiency of appetite; for intestinal indigestion of children associated with large abdomen, and in *dyspepsia*, it has not disappointed me as an efficient remedy.

I do not intend entering into a full account of the causes and symptoms of the diseases here mentioned. In the extensive class of cases of the latter disease (*Dyspepsia*) met with in *Dispensary* practice, having similar general symptoms, and with evidence that the whole alimentary tract is in an abnormal state, I have found either of the following combinations of Gentian very serviceable:

R

Gentian Root, (broken,) six drachms.

Wild Cherry Bark, one-half ounce.

Quassia, two drachms.

Infuse in two pints of hot water. Dose, a wineglassful before meals.

R

Sub-Nit Bismuth, one drachm.

Calc Carb. Precip., three drachms.

Fld Ext. Gentian, one-half ounce.

Aqua Cinnamon, three and one-half ounces.

Sig.—A teaspoonful before and after each meal.

This latter is not a very elegant mixture, for the powders which must be given suspended in the liquid, precipitate. The mixture, therefore, requires to be well shaken before using. It is, however, very effective. I have recently administered it in a very severe and protracted case of Dyspepsia, with complete relief of all the symptoms. The patient was under its use for about eight weeks. When he applied to me he was affected in the following manner: Loss of appetite, severe and frequent attacks of colic, diarrhœa, want of sleep, great emaciation, cough, want of ambition, and a confused and disturbed state of the mind. The emaciation was so marked that I was led to suspect phthisis, but a careful examination of the chest did not reveal any evidence. The patient informed me that for the two weeks preceding the last time I saw him he had gained in weight seven pounds.

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## CASES TREATED BY TINCT. VERATRUM VIRIDE.

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By GUIDO BELL, M. D., Indianapolis.

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Although the diagnosis was not distinct in any one of the following cases, it can be said they were similar in only one symptom—the suppressed pulse. The benefit that resulted from the symptomatic treatment with tinct. veratrum viride, was sufficient to call this medicine a very valuable one. Its value in endocarditis and other heart diseases is too evident to need much comment.

Mr. L. —, 66 years of age, a stout and active man, had an attack of acute rheumatism about seven years ago, and two years since he was troubled by an exceeding thirst—drinking about ten quarts of water a day. He took iron for several weeks with complete success. In November, last year, he was afflicted with asthma and had a pulse frequently 104; intermittent and unequal; enlarged heart; dampness; first sound at the base blowing and regurgitating. An exact examination of the urine made by Dr. Scheller showed no evidences of sugar or albumen. The patient took veratri virid. ten drops, after four hours, six and eight drops. In the evening the pulse was 70, intermitting only once in fifteen seconds, and the asthma had gone away for all the time until to-day. But the thirst reappeared three months afterwards and was treated as before. I examined the heart again without finding any irregularity in pulse or sounds. My friend, Dr. Scheller, observed the same symptoms.



Mary W——, a lively girl, 7 years of age, complained of much pain every few weeks in the region of the gall-bladder. Several physicians tended to her supposing a gastric or a liver disease.

January 29th, 1870.—Liver enlarged, painful, especially near the gall-bladder, pulse 104, irregular but full, heart-dullness extending to the right of the thorax, sounds clear (the first at the base protracted) and heard over the whole chest, especially on the right side, a slight scoliosis to the right on the thorax. Every attack preceded by some uneasiness lasted two or three days; there were pains and vomiting, the bowels being obstructed. I gave a cathartic and two drops of veratr. viride. In the evening the pulse was less frequent and was normal the following day. Laxatives and veratr. against uneasiness suppressed several attacks. The attacks are said to be brought on by running fast.

Mrs. S. —, about 40 years of age, has suffered six years with epilepsy, at which time she saw her husband falling down with epileptic attacks. The attack was repeated every few weeks, pregnancy and lactation of no influence. She was cured by medicine sent to her from New York. The attacks repeated one year and a half afterwards more frequently, mostly in the night.

The patient has fluor albus and inflammation of cervix uteri, complains obstruction and palpitation two or three days before the attack, which begins with an aura and lasts about a quarter of an hour. An examination of the heart proved clear sounds. I ordered four drops veratri against palpitations and they were not followed by cramps (except one time when the prodromus was only of a few minutes.) For the radical cure bromide of potassium is being tried, one drachm a day.

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## REPORT ON OBSTETRICS.

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**Read before the Wayne County Medical Society, January 2, 1868, by  
V. KERSEY, of Richmond, Ind.**

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GENTLEMEN:—I cannot find it in my heart to comply with custom and reproduce to this intelligent body the many items of interesting obstetrical intelligence that have appeared in the journals during the past year. You are all readers, and doubtless familiar with the medical literature of the day. If there be in our Society a single listless wight that is not, he is out of my reach; he is not here, nor likely

soon to be here; nor would he thank me for a rehash of cold meats if he were.

You who have seen all the facts—the more significant of them reproduced in half a dozen different journals, I cannot afford to bore you by calling them up in an imperfect manner here. I must, then, either decline to report at all, and thus violate the obligation implied in accepting the appointment; or give you a meager sketch of the limited prospect that has fallen under my own observation during the year just closed. This I thought to have done verbally, till, at the very last, it occurred to me that for so wretched a talker to attempt a verbal report, would bear the construction of a deliberate insult to the Society; and thus, in the last hours, I have hastily written what follows:

Three cases of puerperal convulsions have come under my notice during the year.

The first of these was a lady of about twenty; muscular and vigorous; of sanguine temperament, habitual good health, and active habits, which were maintained throughout this, her first pregnancy, except she suffered considerable inconvenience from constipation and headache during the latter weeks. After ten or twelve hours of remarkably severe labor, and in prospect of speedy delivery, she was attacked with convulsions, and had four in about two hours, and one six hours later. The first occurred before delivery, and there was no indication of consciousness from this time till several hours after the last one. The patient remained entirely blind for nearly twenty-four hours after consciousness and the other senses were pretty well restored.

I had felt anxious about this case for several hours before convulsions occurred; for although the bowels had been well moved since the labor began, and she assured me that the kidneys had been habitually acting well, there was striking fullness of blood, and tendency to congestion of the brain manifested by frequent fits of the most terrible headache. I had unfortunately gone to the patient without my lancet, which alone prevented me from drawing blood. As it was, the case was left to nature till the seizure occurred, and, with the exception of chloroform, till my lancet was brought, a distance of some miles. The fourth convulsion came on during a free bleeding. The fifth and last about six hours later. The sight was regained after a copious evacuation of the bowels, secured by a full dose of calomel. Soon after this, all untoward symptoms subsided, and the patient got up nearly as well as is usual in a first confinement. The labor was completed by the efforts of nature. The child was living and did

well. Chloroform was administered during some of the fits, but these gave so little warning of their approach that we failed to suspend any manifest invasion, and in the last attack it was not employed.

I saw, in consultation, another premipara, eighteen years old; of excellent constitution and active habits. She was reported to have had good health, good appetite and digestion, with a normal condition of the bowels and kidneys from first to last. She was plethoric in appearance, and supposed to be a month or so short of her term. On rising in the morning she complained of a terrible headache, and without any indication of labor, she, in a short time, fell over in a convulsion. There was no return of anything like consciousness; but violent convulsions recurred at intervals of twenty or thirty minutes till she was delivered. The attending physician drew blood copiously, and attempted to control the convulsions and constant unconscious struggling, with chloroform. This could be done only by the almost constant use of the article, which was not long persisted in. Soon after my arrival the membranes were ruptured, and labor thus induced was completed by the forceps six or seven hours after the attack. Fifteen or sixteen convulsions occurred before delivery, and two or three after. There was not the slightest degree of consciousness at any time after the attack, but profound insensibility, with an increasing tendency to stertor, though this condition of breathing was not perfectly developed. The woman died nearly thirty hours after the attack, and nearly twenty-four hours after delivery.

The remaining case occurred in a lady about forty years old, the mother of many children. She was of short stature, heavy make, nervous-sanguine temperament, sound constitution and reasonably good health, except the decided inconvenience and suffering caused by a large and remarkably firm bronchocele. This tumor had occasioned considerable difficulty of breathing for years, which was essentially increased during the latter months of the pregnancy in question, giving rise to much apprehension for the lady's safety, in which her physician fully shared. She, however, got through her labor better than was apprehended, after which her physician observed what he regarded as a partial and transient suspension of consciousness; and a few hours later a convulsion occurred, followed by entire want of consciousness; and, after a little, by the most ungovernable restlessness, amounting, sometimes, to raving. This condition continued for many hours, and could be controlled only by the most liberal use of chloroform. Bromide of potassium produced no sensible effect, though used in half-drachm doses. A full

mercurial cathartic was given, and, after its free operation, several hours of quiet sleep and general perspiration were secured by a Graves' powder (two or three grains of opium and half a grain of tartarized antimony). On awaking from this, the patient enjoyed partial consciousness; but to her apprehension every one about her appeared in india-rubber, both in person and apparel. This illusion subsided gradually, and by the fourth day, the patient's prospects were pretty satisfactory.

Imperfect oxidation of blood, and venous congestion of the brain, from pressure on the descending trunks, were supposed to have given origin to the trouble in this case. The physician had a strong impression that it might have been averted by a timely venesection, which he expressed himself as strangely led to omit.

Toxæmia was not evident, but it was considered that urea might have a possible share in producing the convulsion, and eliminatives were accordingly used. The mother and child both did well.

I visited an Irish woman, who gave her age as about fifty, and the labor in which she was then concerned as her thirteenth. She said her labors were always severe, but successful, and without the use of instruments, or, as we could learn, of any measure beyond time and perseverance. The breech presented in this case, and the Doctor assured me there had been no perceptible change in the case for fifteen hours, and that for the latter third of that time the pains had been sensibly declining in efficiency, notwithstanding the use of some minor stimulants. The condition was watched for two hours longer, and the Doctor's observation fully verified. We then gave fluid extract of ergot, in drachm doses, every fifteen minutes. After the third dose, powerful uterine contraction came on, which, although paroxysmal in violence, never fully subsided till the woman was delivered, which was accomplished within an hour and a half from the first dose. Only three doses were given. The woman complained that she had not had a moment's rest since her labor was revived by the medicine; and that the pains often "felt like they would split her abdomen." The mother and child both did well. This case has no interest, except that it seems to afford an example of the specific action of ergot on the gravid uterus, a property some of our members are unwilling to concede to this drug.

I was called to a woman in the advanced stage of her first labor. She was about forty-five years old, remarkably muscular, and accustomed for life to the most rugged physical exercise. She had been for many hours in labor, and although the bony pelvis was probably of normal size, and the pains had been frequent and strong for a



long time, the Doctor said they had become much less efficient, and had been repeatedly excited by ergot before my arrival. However, under these measures, she was delivered, an hour or two later, of a rather small, still-born child. A second, presented by the head, which very promptly came to bear moderately on the perinæum, where it was arrested. The maternal parts regained their previous position and rigidity to a remarkable degree; the pains seemed inefficient; the uterus refused longer to respond to the stimulus of ergot, and it was thought proper to deliver with forceps, which was readily done. This child, also, was still-born. This is the first example, in my experience, where it seemed advisable to use the forceps in the delivery of the last of a pair of twins when the first had been born without instruments.

I was called at midnight to a primipara, at the end of the fourth day of labor. The lady believed herself to have reached the close of the *tenth* month of pregnancy. She was well enough in organization, twenty-six years old, and had borne her pregnancy tolerably well. A week before I saw her she fell hard on the ice, from which she suffered decided inconvenience, in both the back and abdomen, for three days, when she had a protracted rigor, associated with active labor pains. Her labor was anomalous throughout. For twelve hours or more, it would be urgent, promising speedy delivery; then it would be entirely superseded for as long a period by intolerable restlessness, oppression and jactitation, without return of pains. I was called on account of a rather copious discharge from the vagina, of what seemed to be partially decomposed, at least uncoagulated, blood, affording the odor, as it seemed to me, of lochia. This came on, during a period of restlessness, and when she had been entirely free from labor pains for twelve or fifteen hours, and continued in considerable, though not alarming quantities, till she was delivered. I found the abdomen moderately tender, the gravid uterus, from which the amniotic fluid had been wholly discharged a day or two before, rigidly fixed about its contents, and entirely indisposed to periodical contraction. The patient was restless, had a frequent pulse; felt terribly burdened; had passed no water for many hours, and complained of inability to move her lower extremities. No motion of the fœtus had been recognized for the last day or two. Careful efforts were made with a stethoscope to get the sound of the fœtal heart, but without success. In view of all the facts, it was considered next to certain that the child was not living. The urine was drawn off, and ergot administered; but although the specimen used had appeared to act promptly in other cases, it had no sensible effect



in this. Some hours later, and without any return of labor, the forceps were used, and almost the only interest in the case consists in the difficulty experienced in their application. This was much greater than I had ever met with, or even considered possible, in a position of the head so nearly what would be desired for their ready application. The difficulty was so great that it was concluded to abandon the effort and attempt turning, which was soon found to be still less feasible; and the forceps were finally successfully applied and the labor brought to a successful close. It was almost completed before any show of uterine contraction was manifested, which was feeble and imperfect to the last. The placenta had to be removed by the hand, after which rude and protracted manipulation, and the liberal employment of ice were required before sufficient contraction was effected to justify the use of the binder. The child was a remarkably large and well developed male, and bore indications of having been some time dead.

So far as I was able to judge, the difficulty encountered in applying the forceps, arose from the unyielding and unlubricated state of the os externum, the slightly unfavorable position of the head (the left parietal protuberance inclining to the axis of the pelvis); the entire absence of the waters, and the firmness with which the fœtus was fixed by the tonic rigidity of the uterus, which yielded only imperceptibly to chloroform, and put an end to all prospect of turning.

I was hastily summoned to a lady pending her fourth labor; got to her, probably, within half an hour of the first labor pain. Found one child safely in the arms of the nurse, and the lady still in extremely pressing labor. Found the face of a second child sharply distending the perinæum, and the pains remarkably urgent. The position was such as to cause a trifling delay, and the entire absence of tumefaction of the face, so far as could be determined by the touch, gave assurance that the child was not living. A still fœtus, bearing marks of having been some time dead, was born about twenty minutes after my arrival. A large double placenta was expelled almost with the fœtus, and before the cord could be severed. Pain and expulsive effort went right on, and were attended with fearful hemorrhage. On applying the hand to the abdomen the uterus appeared to be very firmly contracted; the pain and involuntary expulsive efforts were unusually violent, and yet the flooding was terrible. Vigorous kneading, dashing with cold water, and a drachm of fluid extract of ergot were all used in a minute, without accurate knowledge of the nature of the case, and, of course, with very little discretion. No good was done; the case brooked no delay, and the hand

was at once introduced. The firm uterine tumor which had been almost constantly kept in hand from the first, was found to consist of the upper third of the uterus firmly contracted in a globular form, and constricted below, so as to admit with difficulty the passage of the finger. The lower portion of the organ was quite relaxed, and gave origin to an abundant hemorrhage. The forcible dilatation of the stricture, and such manipulation, external and internal, as the condition suggested, were soon followed by a uniform and satisfactory contraction, putting an end to both pain and hemorrhage. The latter had gone to an extent, in a very short time, to afford the lady a suggestive, though not very pleasant, musical entertainment for many hours to come. Previous to this experience I was about to conclude that hour-glass contraction of the uterus is but a myth. But if this was a case of the kind, which, in introducing the hand, I at once suspected, the affection is entitled to a more substantial character.

Recently, though not within the past year, I have had charge of two cases of placenta prævia. In one, the seventh month of pregnancy was believed to have been fully completed at the time of delivery. Hemorrhage had shown itself in a small way on two or three occasions, at intervals of several days, and on the patient taking the recumbent position, and using hæmostatics and cold, it had subsided. At last the hemorrhage was such, and so obstinate as to demand an examination, which gave rise to a strong suspicion of the true condition, but did not place it beyond doubt. A tampon was employed and firmly maintained in place, in addition to the other measures indicated.

The bleeding, though sensibly moderated, was not arrested. Some hours later, on the removal of the plug, the dilatation was such (promoted, as I believe, by the tampon) that there was no room to question the nature of the case. Intelligent counsel was at once called in. It was decided to dilate and deliver by podalic version, at the earliest practicable moment, the case being recognized as one of placenta prævia. The hand was passed by the placenta, interrupting its connection on one side only. The delivery was completed in time to save the mother, though in a very exhausted state. Her condition and wants were supervised entirely by the counseling physician, while I was left to prosecute the delivery without any division of attention, a practice I should be inclined to adopt on all such occasions, if counsel could be had.

The other case developed hemorrhage during the sixth month, which was frequent and sometimes exhausting, for as much as six

weeks before its nature was fully made out. When that question was settled, the course above indicated was pursued, and with a like result. The child perished, but the mother was saved. In this case, notwithstanding the unusually early hemorrhage, the placenta was found to cover the os by its margin only.

It happened to me several years ago to be cognizant of another case of placenta prævia. This was not recognized, as it gave rise to no hemorrhage until labor, at or near full time, took place. Flooding commenced and increased with the labor. Dilatation was considerable when the patient was first seen, and the hemorrhage was shocking. The case was hastily terminated by forcible dilatation and turning. An attempt was made to do this through a perforation in the placenta (which seemed to be situated centrally over the os); but this was soon abandoned as exceedingly difficult, if not impracticable, and it was torn up on one side and passed round. In this case both mother and child were saved.

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## Obituary.

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### BIOGRAPHICAL SKETCH OF THE LATE PROF. J. S. BOBBS.

By THAD. M. STEVENS, M. D.

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After our last number was through the press we inserted a slip announcing the death of Dr. J. S. Bobbs, with a promise of a more lengthy article in our next. We had expected something from the pen of one of his colleagues and oldest friend, Dr. G. W. Mears, but the State Medical Association desiring an obituary article for their forthcoming transactions, appointed Dr. Mears chairman of a committee to prepare a paper for that purpose. Up to a late hour we were not apprised of the fact. The time left us before the *Journal* goes to press does not allow us to do more than to jot down a few facts with reference to our lamented friend.

Dr. Bobbs was born in Green Village, Franklin county, Pa. His father, Conrad Bobbs, and his mother, Elizabeth Bobbs, were born near Reading, Pa. The latter is still living with her daughter, Mrs. Wiseman, in this city, in the 89th year of her age.

The Doctor was emphatically a self-made man. All the schooling he received was what his native village afforded, his mother's circumstances not permitting her to furnish more. At the age of sixteen he tied up his worldly possessions in a handkerchief and went to Harrisburg, Pa., where he remained a while. He here attracted the attention of a then prominent physician of that place, Dr. Luther, and was advised and invited by him to commence the study of medicine in his office. His health all this time as, indeed, throughout his life, was poor and his constitution fragile. The sight of blood would cause him to faint; but his preceptor persisted in his assertion that he had the elements of a first class physician in him, and encouraged him to persevere; with what success, his subsequent life as a physician and eminent surgeon amply testifies. From boyhood during all the years of his life he was an untiring student. Poor, but courageous; beset by difficulties and embarrassments, but ever victorious in the struggle to overcome, his life is but another example for the young and rightly disposed to follow. After one course of lectures, we believe, in the University of Pennsylvania, he commenced practice in Middletown, Pa., where he continued four years. At this time his attention being directed to the West, he started upon the then arduous journey, by canal, to Pittsburg, down the river to Madison, Indiana, and by stage to Indianapolis. He remained here but a short time when, by the request of Col. Grigsby, an old friend in Middletown, he went to Lagro, on the Wabash. In that wild country, as it then was, he practiced but a short time and returned to this place. His mother and sister soon joined him, and here he remained until his death.

When he returned to Indianapolis, he went into partnership with Dr. Stipp, late of Bloomington, Ill., but influenced by the teaching of his preceptor, who advised him while a student that he should "go upon his own hook," he soon dissolved the partnership.

In 1845 the Doctor was married to Elizabeth Cameron, sister to Gen. Cameron, of Pa., who still lives in our midst, a woman of more than ordinary strength of character. After nearly a quarter of a century's knowledge of their relationship, we can say that a more devoted wife is seldom found.

In 1850 we entered his office as a student, and from that to the time of his death, with few intermissions, have been intimately connected with him. As he was at first, so to the last. Kind and forbearing, a "friend indeed" because a "friend in need." with strong purposes and will, only desiring to know the right that he might perform it, going forward in whatever purpose he undertook regard-

less of the small quibbles and objections of others. His great strength of purpose and pertinacious clinging to his own well-matured views was not always instantaneously popular; but his sound judgment, which prevented him from tending in a wrong direction, in the end won a support to his views. This, indeed, was what made him successful in his profession as a surgeon. A perception to seize quickly upon the points in a case, and a judgment clear and strong, led him almost unerringly to a proper and safe result.

Dr. Bobbs, during the last twenty years, did not fail to receive appreciative tokens of his qualities, both from the hands of his professional brethren and otherwise. He was one of the first commissioners of the Asylum for the Insane, and helped to choose the ground for that institution; was elected to the State Senate, where his services as a worker, especially in committees, was acknowledged. As to his professional preferments, in 1850 the Indiana Central Medical College, having been established by the Asbury University, he was selected to fill the chair of Anatomy in that institution. The next year, upon the resignation of Dr. Baker, of Cincinnati, the chair of Surgery was offered to Dr. Bobbs. This position he held until the suspension of the college by the parent institution. From that time on he turned his attention especially to surgery. His sound judgment and skill in difficult cases won for him an increasing fame, which, if he had consented to augment by the common legitimate means allowed, would have been far more extended, but not, perhaps, more stable; but his reticence of manner and keen sense of professional etiquette forbade him to take advantage of even the means which were pardonable to acquire notoriety. His works spoke for him or he spoke not at all. With what success this silent tongue compelled a well-merited and wide-spread acknowledgment of merit, the profession of the State need not be informed. At the time of this appointment to a chair in the college, the Doctor was not a graduate of medicine, but in the year 1848 he attended the Philadelphia College of Medicine, and was graduated from that Institution.

His war record we cannot consider at length. Suffice it to say that he was among the first to offer his services. He was upon the staff of General Morris in his West Virginia campaign; after which he was stationed at Indianapolis, having general charge of the hospital at that point. After a time he was ordered East, but upon the investiture of Vicksburg by Grant, he joined the Western Division of the Army; but his presence was needed at Indianapolis where he



before had rendered efficient service, and he was accordingly returned and made Medical Director at that place.

In the spring of 1869, the Indianapolis Academy of Medicine having resolved to establish a Medical College, Dr. Bobbs was elected to occupy the Chair of Surgery in the Institution. As throughout his life the welfare of his profession commanded his time and means, so now the "Indiana Medical College" was the jewel which he sought to fashion and polish until it should become a perfect gem. But his labors were suddenly cut short—death ordered by a mysterious Providence who sees good where we cannot, removes the kind friend, the good physician, the great worker from among us.

After his family—his devoted wife and mother—the College claimed his attention and affection. In his dying moments he spoke of it and said he could do no more; his time of work was over, but as a token of his interest in and desire for its success, he donated the sum of \$5,000 to that Institution, an amount which for one in his circumstances was of as much significance as the acknowledged princely gift and bequest of the millionaire.

We mourn the loss to us of our friend, but it is the lot of all. His work was done and well done. He has acted his part, let us "go and do likewise." May we be incited by his life to greater and more noble exertion, be made better by his death, and when the race is run, "life's fitful dream is o'er," go like him with clean hands to that unknown but certain existence that he has entered before us.

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## Editorial.

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OUR JOURNAL.—All our medical friends are anxious to know about the success of our new enterprise, and, in answer to them, we will say that, encouraged by the fair promises of the profession at home and through the State, we ventured to publish and send out nearly four thousand of our first number.

As we had already learned a few practical facts from medical journal editors, we were not surprised at receiving more promises than subscriptions, and more contracts for articles, cases, etc., than would ever be fulfilled.

At the meeting of the State Society we felt sure that our position was not correctly understood, because many supposed that we were

publishing something solely in the interests of the Indiana Medical College, and that the whole matter was only of local importance. This is not the case; for outside of the college advertising, the Indiana Medical College has no interest in the Journal. As we have said at first, we desire to make our Journal of value to the profession of the whole State, and would like to publish monthly the proceedings of the various county societies and papers or items of interest from any physician who will oblige us by sending them.

Many of our friends tell us that we could get a better circulation by sending our Journal to all who order it, without reference to the day of pay. We beg to differ. We believe in the cash system alone, in Journalism, and will only send the numbers, hereafter, to such as send one dollar and a half (no more, no less), or to such as we feel like presenting the Journal to.

There are certainly few physicians in the State so poor as to be unable to subscribe in cash, if they want to, and to such as are too poor and yet desire the Journal, we can only say that we will be pleased to furnish them some medical matter as a charity if they will oblige us with their address.

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EXCHANGES.—We have already made the proper offer to exchange with the various medical journals of the country, and stated to such as might feel that ours was not an equivalent, to send their Journal at any rate, and we would satisfy them, and thus have our table of American exchanges complete.

We are happy to acknowledge the prompt manner in which many of the leading medical periodicals came in response to our offer. There are some, however, yet to hear from. We hope that, in the next month's issue, we will not be forgotten.

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OUR CONTRIBUTORS.—We feel very grateful to those gentlemen who have so promptly come to our aid with valuable contributions, and hope that many others will follow their example. We want a variety of short, sharp, practical and original observations, in any department of medicine, surgery, or general science.

We would be particularly thankful for brief reports of county and local societies, and items of professional interest.

All articles should be in by the 15th of the month to insure a place in the following number.

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WE are requested by Dr. G. V. Woolen, Secretary of the State Medical Society to state that the annual assessment of that Society

this year is \$2.00. By forwarding immediately, your names will be reported and a copy of the transactions sent when issued. According to an amendment to the Constitution this year, a failure in paying dues for three successive years will forfeit membership.

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AMERICAN MEDICAL ASSOCIATION.—The Twenty-First Annual Convention of this Association was held in Washington, D. C., on the 2d, 4th and 5th of May. It was a marked meeting in two ways—it was more largely attended than usual, and an unusual amount of unprofessional conduct was indulged in. There is little need of extended remarks upon this subject, the secular press has done enough in that way, and professional journals have indulged too much in bitter comment. That very old “nigger in the wood pile” sort of prejudice seems to have started the trouble, and the bitterness of the two reports of the Committee on Credentials, gave fuel to a medico-political flame that raged throughout the entire proceedings of the Association. Of course we may expect to be held up to ridicule by our British and Continental brethren, and perhaps we deserve it, too. But we feel sure that all the delegates and prominent members of the Association do not constitute the life, strength, dignity and power of the medical profession of the United States; and that of all the members present the whole difficulty originated and was kept up by only a few restless and vindictive spirits, who are more politicians than physicians.

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THE INDIANA STATE MEDICAL SOCIETY.—Of the meeting of the State Society, on the 17th of May, we have a most pleasing record. Everything was in harmony with that calmness and dignity which should characterize the physician both at home and abroad.

The new lower hall of the Indiana Medical College was comfortably filled with the delegates and prominent members representing almost every county in the State. Never have we seen at similar meetings a finer looking or more intelligent body assembled.

The papers presented were above the average, and the volunteer papers were remarkable for their real worth and freedom from the tediousness which so frequently burden the writings of both voluntary contributors and set committees.

The meeting adjourned without the usual festivities of the supper, owing to the so recent and sudden decease of Prof. Bobbs, in whose memory the college was draped in mourning, and for whom the Faculty were still wearing the badge of sorrow.

Under the head of Proceedings of Societies will be found a sketch of the reports, which will soon be followed by the printed transactions.

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**MEDICAL COLLEGE FEES.**—The Congress of Medical Teachers having failed to establish a uniform fee bill, the matter was brought before the American Medical Association, where an attempt was made to pass the following resolution :

*Resolved*, That no medical man shall deliver an efficient course of lectures under a price to be decided by this Association.

And it was moved by Dr. Seldon that one hundred dollars be this sum to fill the blank ; and that all delegates from colleges who receive a less sum be excluded, and that the Alumni of such colleges be treated in like manner. Of course such measures would provoke much discussion in an association where, perhaps, under the proposed rule every member would be excluded. Dr. Yandell, of Kentucky, it is said, made a most creditable, sensible and eloquent speech upon the subject, which caused the whole matter to be tabled.

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**FEES FOR MEDICAL EXAMINATION FOR LIFE INSURANCE.**—The American Medical Association adopted a resolution "that the charge for medical examination for life insurance should not be less than five dollars." No doubt about it, but it fails to provide for compelling the insurance men to either employ members of the Association or to pay them any fixed sum.

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## Proceedings of Societies.

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### INDIANA STATE MEDICAL SOCIETY.

This organization commenced its twentieth annual session in the lecture room of the Indiana Medical College, corner of Delaware and Court streets at 9 o'clock Tuesday morning, May 17.

Dr. George Sutton, of Aurora, elected President at the May session of last year, took the chair, and called the Society to order.

Dr. G. V. Woollen, of Indianapolis, the worthy secretary for several years past, read the following list of officers, members and delegates who were present :

OFFICERS.—George Sutton, of Aurora, President; G. V. Woollen, M. D., Indianapolis, Secretary; W. J. Elstun, M. D., Indianapolis, Assistant Secretary; W. B. Lyons, M. D., Huntington, Treasurer.

PERMANENT MEMBERS.—Dr. C. E. Wright, Indianapolis; John Arnold, Rushville; W. W. Arnold, Rushville; J. P. Avery, Indianapolis; D. H. Oliver, Indianapolis; W. J. Elstun, Indianapolis; G. V. Woollen, Indianapolis; L. D. Waterman, Indianapolis; F. S. Newcomer, Indianapolis; J. K. Bigelow, Indianapolis; W. B. Fletcher, Indianapolis; G. W. Mears, Indianapolis; J. M. Kitchen, Indianapolis; J. H. Woodburn, Indianapolis; T. B. Harvey, Indianapolis; N. P. Howard, Greenfield; J. W. Powell, Rockfield; Benj. Newland, Bedford; V. Kersey, Richmond; D. Clarke, Richmond; J. F. Hibberd, Richmond; J. R. Weist, Richmond; R. E. Houghton, Richmond; F. W. Beard, Harrodsburgh; F. J. C. Rawlins, Knightstown; A. C. Dillon, Knightstown; N. H. Canady, Knightstown; W. C. Hobbs, Carthage; F. J. Van Vorhis, Stockwell; J. I. Rooker, Castleton; H. D. Wood, Angola; H. B. Passage, Peru; R. G. Graydon, Southport; A. J. McLeod, Burnsville; W. Scott, Kokomo; W. K. Mavity, Kokomo; J. A. Nesbitt, Allisonville; W. G. McFadden, London; L. Kern, Alto; L. C. Miller, Alto; M. H. Bound, Lebanon; N. D. Gaddy, Vernon; T. H. Lane, Northfield; J. B. Cox, Frankfort; O. Everts, Indianapolis; J. A. Comingore, Indianapolis; J. H. Stuart, Spiceland; R. N. Todd, Indianapolis; S. C. Thomas, Milroy; J. M. Darnell, Kokomo; M. H. Harding, Lawrenceburg; Wm. Lomax, Marion; J. R. Shively, Marion; M. Sexton, Rushville; J. Pennington, Milton; J. H. Helm, Peru; Wm. Davidson, Madison; J. M. Gray, Noblesville; John Moffitt, Rushville; James Thompson, Harrison, Ohio; Theo. Parvin, Indianapolis; J. N. Parr, Zionsville; Irving Suman, Versailles; J. E. Swiney, Milton; J. M. Rosenthal, Fort Wayne; E. H. Crippen, Moscow; J. V. Hass, Petersburg.

DELEGATES—Dr. S. M. Martin, Greenfield; E. N. Tull, Ogden; Edwin Cain, Greensboro; S. A. Troy, Eden; A. B. Casterline, Beech Grove; G. W. H. Kemper, Muncie; I. C. Walker, Richmond; W. P. Wearing, Richmond; H. G. Todd, Danville; W. F. Hervey, Plainfield; C. Robins, Brooklyn; Samuel Schofield, Hamilton; A. P. Mitten, Columbia City; A. W. Davis, Indianapolis; B. S. Woodworth, Fort Wayne.

PERMANENT MEMBERS REPORTED:—S. E. Memford, Princeton; E. Mendenhall, Zionsville; W. G. Moore, Indianapolis; D. H. Harding, Batesville.

#### EVENING SESSION.

Dr. L. D. Waterman, of Indianapolis, moved that the annual



address of the President be received this evening at 8 o'clock, and be made the special order for that hour. The motion was agreed to.

#### CREDENTIALS.

Drs. V. Kersey, of Richmond, W. H. Arnold, of Rushville, and L. D. Waterman, were appointed a standing committee of inquiry as to the qualifications of applicants for membership, and upon their favorable report to the Society a vote of two-thirds of the members present shall be necessary for the election of each one thus recommended.

#### SECRETARY'S REPORT.

Dr. Woollen, the Secretary, laid before the Society his annual report in writing.

On motion, Drs Waterman, Johnson and A. B. Cásterline, of Buck Creek, were appointed a committee to consider and report on the suggestions contained in the Secretary's annual report.

#### FIVE MINUTE RULE.

Dr. W. C. Hobbs, of Carthage, submitted a resolution limiting remarks on any one subject to five minutes, and debarring any member from speaking more than once on the same subject till other members had been heard, unless by unanimous consent.

Dr. J. F. Hibberd, of Richmond, moved to lay it on the table.

This motion was agreed to.

#### ESSAYS.

The President announced the order for reports from committees appointed last year to prepare papers on special subjects.

Dr. J. H. Woodburn, of Indianapolis, in reply to a call for his report, stated that as the Committee on the Presentation of the Symptoms and Treatment of Incipient Insanity, he had endeavored, but in vain, to condense the subject in one paper, consequently he asked to be excused.

Dr. G. Mears, of Indianapolis, in response to the call of the President, reported that the Committee on the Most Effective Remedies for Arresting Uterine Hemorrhage, will submit a paper at the proper time.

Dr. M. Saxton, of Rushville, announced a report on Tetanus some time during the present session of this Society.

Dr. G. V. Woollen replied that he would submit a report on Syphilis.

Dr. F. J. Van Vorhis, of Stockwell, brought an essay on the Psychological Influences of the Organization of Stricture, which he pro-

posed to substitute for the subject assigned to him last year, namely; Mental Influences in Disease.

#### VOLUNTARY ESSAYS.

The President then called for voluntary papers, and the following were reported ready for presentation when called for:

By Dr. Hobbs, on Surgical operations in the removal of bones of the skull.

By Dr. C. E. Wright, of Indianapolis, on Diseases of the Ear.

By Dr. Waterman, on Relapsing Fevers.

By Dr. S. E. Houghton, of Richmond, on Dislocations of the Hip.

By Dr. H. V. Passage, of Pennsylvania, on Reduction of Dislocations of the Hip Joint.

By Dr. Kersey, (in pursuance of a direction by a vote of the Wayne County Medical Society), on the condition of the Medical Staff in the United States Navy.

#### PUBLIC CHARITIES.

Dr. J. R. Weist, of Richmond, chairman of the committee appointed last year to consider the property of petitioning the State Legislature to constitute and organize a Board of Public Charities, announced that he had drafted a report, which he would present when called on.

#### CREDENTIALS.

The committee on qualifications of members were duly authorized and empowered to act as a committee on credentials. Also,

#### SOCIETY SEAL.

On motion by Dr. J. I. Rooker, of Castleton, a resolution was adopted, authorizing the publishing committee and the Secretary, to purchase an appropriate seal for the use of this Society.

#### DELINQUENT MEMBERS.

Dr. W. B. Fletcher, of Indianapolis, submitted a resolution declaring that the names of all members of this Society who shall fail to pay the annual assessment for three years in succession, after due notification by the Secretary, shall be dropped from the roll.

Dr. Woodburn moved to amend by making the resolution extend three years beyond the present year.

The amendment was rejected.

The resolution was then adopted by a rising vote.

## IN MEMORY OF DR. J. S. BOBBS.

The Jay County Medical Society, transmitted through Secretary Woollen, resolutions of respect to the memory of Dr. J. S. Bobbs, of Indianapolis.

On motion, they were laid on the table for the present.

Dr. Hobbs said: Mr. President—Dr. Bobbs, for years was a member of this Society; was once in its chair as our President, and he occupied a prominent position as a medical teacher in this State. I therefore think it proper for this Society to do more than pass formal resolutions on this occasion. It occurs to me as proper, and I will move that a committee of five be appointed to draft resolutions and prepare a biographical sketch, giving special attention to his professional character, so that we can have something substantial and instructive to go upon our records.

I have had this on my mind without the knowledge that these resolutions would be presented. If in order, I move the appointment of such a committee, and that they report at a future session of this meeting, or furnish to the Secretary their report, to be embodied in our proceedings.

The motion was agreed to.

Dr. Hobbs subsequently embodied his motion in a resolution, to-wit:

*Resolved*, That a committee of five be appointed to prepare a paper giving a short biographical sketch of the Dr. J. S. Bobbs, embracing, also, an account of his professional character and labors, and resolutions of our respect and esteem for him, and present the same to the Secretary of this body, to be embodied in the published transactions.

The resolution was adopted.

## PUBLIC CHARITIES.

On motion, Dr. Weist read his written report referred to and described above. It embodies a resolution that a committee be appointed by this Society, to petition the State Legislature to enact a law providing for a State Board of Public Charities, similar to those now existing in Massachusetts, Ohio, Illinois, and other States, and to take such other steps as they may deem necessary to secure such legislation.

Dr. Woodburn moved that the report be referred to the Committee on Publication, with a view to its incorporation in the published proceedings of this meeting.

On motion by Dr. Waterman, the President was authorized to appoint five members who shall constitute the committee contem-

plated in the resolves embodied in the report of Committee on Public Charities.

#### NAVY SURGEONS.

Dr. Kersey, on motion, presented the paper on the condition of the Medical Staff in the United States Navy, sent up by a vote of the Wayne County Medical Society. It refers to a case where a Surgeon in the navy was ordered by the Captain to strike from the sick list the name of a seaman, and because the Surgeon refused, he was court martialed and reprimanded. I recommended the adoption of a resolution that medical men will keep out of the naval service until guaranteed better treatment.

The resolution embraced in the paper was adopted, and the paper as a whole was referred to the Committee on Publication in the Society's transactions.

On motion of Dr. R. N. Todd, of Indianapolis, a copy was ordered to be transmitted to the American Medical Society, and to the Surgeon General. The Society then took a recess for dinner.

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#### AFTERNOON SESSION.

The President resumed the chair after 2 o'clock P. M.

#### THANKS.

A vote of thanks was passed to the Faculty of the Indianapolis Medical College, for the use of the Principal Lecture Room, in which the sessions of this Society are being held.

#### NEPHRITIS.

A paper on the Pathognomonic Signs of Nephritis, was read by Dr. J. A. Comingore, of Indianapolis.

Dr. G. W. Mears, of the same city, submitted a well prepared essay on Puerperal Hemorrhage, which was discussed by Drs. Hibberd, Woollen, Lomax, R. N. Todd, Wishard, Passage, Harvey, Rooker, Clark, Pennington, Waterman and Mears.

#### PROFESSIONAL ADVERTISING.

Dr. J. Thompson, of Harrison county, presented an argument against the action of the American Medical Association on the subject of "specialists" advertising.

A motion being made to refer this paper.

Dr. Woodburn would not sit still and see the code of ethics stabbed in this way without raising his voice in the negative.

Thereupon the motion was so changed as to make this paper the special order for to-morrow afternoon at 2 o'clock.

The motion, as modified, was agreed to.

Dr. F. J. Van Vorhis then sent a paper on the Psychological Influences of the Organization of Stricture.

On motion by Dr. Hibbard, it was laid on the table till after the President's address shall be disposed of this evening.

And then came the recess till 8 o'clock P. M.

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### NIGHT SESSION.

Dr. J. F. Hibberd was called to the chair, and—

The President, Dr. George Sutton, read his address on "Man's Power over Nature; the Science of Medicine as a Means by which he Aids and Controls the Laws of Life."

It was referred to the Committee on Publication, and a vote of thanks was tendered the President for his able and philosophical address.

### STRICTURES.

Dr. Van Vorhis's paper, read this afternoon, titled "The Psychological Influence upon the Organization of Strictures," having been made the special order for this time in the session, it was discussed by Drs. Lomax, Stewart, Rosenthal, Elstun and Van Vorhis.

The paper was then referred to the Publishing Committee.

### COMMITTEE ON NOMINATIONS.

On motion, the President appointed a Committee of five to nominate officers for the ensuing year, viz; Drs. Clark, Waterman, Moffit, Wishard and Passage. And then the Society adjourned till to-morrow morning at 8 o'clock.

[For want of room we will have to defer publishing any more of the proceedings of the Indiana State Medical Society in this number of the JOURNAL. The remainder, or second day's proceedings, will appear in the July number.—Eds.]

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### THE LATE DR. JOHN S. BOBBS.

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#### Action of the Academy of Medicine and of the Faculty of the Medical College, in Memory of the Deceased.

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At a special meeting of the Academy of Medicine, held on Monday evening, May 2, the President in appropriate and feeling terms, announced the death of Dr. John S. Bobbs, and appointed Drs. John



M. Kitchen, J. K. Bigelow, J. J. Wright, G. V. Woolen, W. Wands and A. W. Davis a Committee on Resolutions, who reported as follows :

*WHEREAS*, In the death of Dr. John S. Bobbs, the profession has lost one of its most brilliant members. For more than thirty years he has occupied a position in the profession and in the public equalled by few. Endowed with a high order of mind, with a great love for his profession, and fond of study, he was eminently qualified for the duties of his life. He was by instinct a gentleman, in the true sense of the word ; generous to a fault, noble and exalted in his thoughts and feelings ; a man of great individuality of character, his position and course of conduct, on all questions were never doubtful or difficult to be understood ; no man could have a higher sense of the ties and duties of friendship ; for his friends he was always prompt and ready to act ; his generosity was unbounded ; to the poor, during his life, he was ever the humane, good physician ; in his death they were not forgotten. To the young men of the profession he was always kind and considerate, ever ready and willing to give advice, sympathy, and support, when called upon ; free by nature from all petty envy, animated with a high regard for his professional brethren, he leaves them a name and reputation to be envied, emulated and cherished by all. Therefore, be it

*Resolved*, That in the death of Dr. John S. Bobbs, the profession of this city and State has lost a distinguished member and eminent practitioner, and the city a useful and valuable citizen.

*Resolved*, That we deeply sympathize with the widow and relations of the deceased, in their great bereavement ; that we tender to them our sincere and unaffected condolence, and commend them to the All-wise Creator, who is ever ready to soothe the bereaved heart.

*Resolved*, That as a mark of our great respect for the deceased, the Academy of Medicine attend the funeral in a body.

*Resolved*, That a copy of the resolutions be furnished the family of the deceased, the INDIANAPOLIS JOURNAL OF MEDICINE, and the daily papers.

JOHN M. KITCHEN, M. D., Chairman.

A. W. DAVIS, M. D., Secretary.

## RESOLUTIONS OF THE FACULTY OF THE INDIANA MEDICAL COLLEGE.

INDIANAPOLIS, IND., May 2, 1870.

At a meeting of the Faculty of the Indiana Medical College, Drs. Mears, Fletcher, Cominger and Harvey were appointed to prepare and report resolutions expressive of the feelings of the Faculty in regard to the death of Prof. John S. Bobbs, who reported the following, which were adopted :

*WHEREAS*, It has pleased Almighty God to remove from us in the meridian of his fame and great professional usefulness, our friend and co-laborer, Prof. John S. Bobbs, M. D., therefore,

*Resolved*, That while we bow with humble submission to the fiat which has deprived us of our esteemed President, we desire to express our sense of the great bereavement of which this act of Providence has occasioned us.

*Resolved*, That in the death of their distinguished colleague, the faculty mourn with unfeigned sorrow the loss of one of its most able, honored and efficient members.

*Resolved*, That in token of the high regard entertained for the memory of the deceased, each member of the faculty will wear crape on his left arm for thirty days.

*Resolved*, That these resolutions be spread upon the records of the College, a copy supplied to the INDIANA JOURNAL OF MEDICINE, one sent to the city papers for publication, and one copy to the family of the deceased.

R. M. TODD, N. D., President.

J. A. COMINGOR, M. D., Secretary.

#### RESOLUTIONS BY THE STUDENTS' MEDICAL ASSOCIATION ON THE DEATH OF PROF. BOBBS.

INDIANAPOLIS, May 4, 1870.

At a meeting of the Students' Medical Association, this evening, the regular business of the Association was suspended in order to take action on the death of Dr. J. S. Bobbs. H. W. Wiley, W. H. Davis and A. A. Hamilton were appointed a Committee on Resolutions, who reported the following, which were adopted :

WHEREAS, In the providence of God, our esteemed teacher, Prof. J. S. Bobbs, has been removed by death in the midst of his professional labors; therefore be it

*Resolved*, By the students of the Indiana Medical College, that we sincerely concur in the testimonials of respect accorded to the memory of Dr. Bobbs, in the resolution of the Academy of Medicine and the Faculty of the College.

*Resolved*, That in the death of Dr. Bobbs, we have lost a revered teacher, a faithful preceptor, and an earnest friend—one who always showed himself interested in our welfare and anxious for our success.

*Resolved*, That in our professional life we will find in his example a model for our conduct and incentive to the highest endeavors.

*Resolved*, That an account of these proceedings be furnished for publication in the INDIANA JOURNAL OF MEDICINE and the papers of the city, and a copy thereof be forwarded to the family of the deceased.

W. C. BANTA, President.

C. FERGUSON, Secretary.

Similar action was taken by the Richmond Medical Club.

### Reviews.

RENAL DISEASES—A CLINICAL GUIDE TO THEIR DIAGNOSIS AND TREATMENT. By W. B. BASHAM, Fellow of the Royal College of Physicians, etc. Henry C. Lee, Philadelphia, 1880. For sale by C. P. Wilder, Indianapolis.

Although we have an extensive literature upon renal diseases, still the work of Dr. Basham is not out of place. However large the

literature of a subject is, each author has his style, statistics and general arrangement of his subject to recommend or condemn him. The present work reads fresh and clear, and although treating upon the same subjects as does Bird, Roberts, Beale and others, yet they are placed before us in a new light; points of importance are impressed, both by his style and arrangement, in a manner different from every other. The whole tenor of the work is clinical. It is divided into three parts. The first is devoted to nephritis or inflammation of the kidneys; the second to chronic nephritis or non-inflammatory renal diseases: and the third to the examination of the urine.

The term nephritis he confines to diseases caused by external injuries. Cold-, poisons, etc., and other forms are expressed according to their probable nature as a sequence of the disorder: others by a characteristic prefix.

Idiopathic nephritis he ignores, and believes that a cause such as calculi, tubercle, fever, febrile poisons, etc., may always be found as the producing agent.

In considering the various forms that he does recognize the cause, pathology, diagnosis, symptoms and treatment are briefly but plainly considered. While in the third part and that devoted to the examination of the urine, much relating to the same points, is presented in connection with the tests of the various normal and abnormal compounds found in various disordered conditions of that fluid.

Upon the whole it is a work we can recommend to the student and practitioner, not as preferable to all others, but as one in which he will find much information unencumbered by minute details.

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ANATOMY, DESCRIPTIVE AND SURGICAL. By Henry Gray, Fellow of the Royal College of Surgeons and Lecturer on Anatomy at St. George's Hospital Medical School. Henry C. Lee, Philadelphia, 1870. For sale by C. P. Wilder, Indianapolis.

The work of Dr. Gray must stand among the first on general anatomy. Wilson, Cruveilhier, Morton, Sharpley and Quains were all first class: the first, accurate and without prolixity, wanted but the superb drawings of Morton or Gray to make it the model work for students. Cruveilhier, more minute and scholastic, was wanting in the same respect, as also was Sharpley and Quains, although we regard the latter as the best for scientific reference that has appeared. But in anatomy, as indeed in every branch of knowledge taught, diagrams of the substance or parts spoken of, is of immense value to all, and especially to beginners. In mathematics little could be

learned without delineations of angles, curves, etc. The mind would become confused and a vague unsatisfactory idea obtained. So in astronomy, geology, etc. In medical science what would we do as teachers or students without the aid of the pencil or camera? Photography as being the most perfect and accurate mode of displaying forms and outlines, is of the utmost value. With delineations alone, made minute and accurate by this method, one can almost do without a verbal description of an object.

The present work of Dr. Gray comes nearer than any of its predecessors in profiting by this well known principle. By the aid of its finely executed plates, we are enabled to quickly seize upon and retain in memory the origin and insertions of muscles, their relationship, and that of vessels, etc. If all our text books were issued after the example so ably set by Gray in anatomy, Bowman in chemistry, and Dalton in Physiology, the work of the student and teacher would be facilitated and science thereby benefited.

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THE HALF-YEARLY ABSTRACT OF THE MEDICAL SCIENCES. Being a digest of British and Continental Medicine, and the progress of Medical and Collateral Sciences. By Wm. D. Stone, M. D., Fellow of the Royal College of Surgeons. Vol. L. January, 1870. Henry C. Lee, Philadelphia.

We have received the above along with the *American Journal of Medical Sciences* and the *Medical News and Library*, from Isaac Hays, M. D., in exchange for our JOURNAL. Dr. Hays and his journal have been too long known to the American physician to require any comments at our hands. The "American Quarterly," as it is commonly called, being the most popular medical journal in the country. In "The Half-Yearly Abstract," one finds all that is important in the foreign journals, and it gives the busy practitioner matters from abroad which would cost him large sums of money and much time even if he had the ability to translate.

The *American News and Library* gives each month important foreign and home lectures, clinics, domestic and foreign intelligence, medical news, etc. All these are sent free of postage to one address, for the small sum of six dollars.

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#### A PROPOSED LAW TO REGULATE THE PRACTICE OF PHARMACY AND THE SALE OF POISONS.

We are in receipt of a draft of the proposed law for the above purpose, which was reported at the seventeenth annual meeting of the American Pharmaceutical Association, which was approved and

will be offered to the Legislatures of the several States of the Union for adoption.

Undoubtedly there is more need of reform in the matter of compounding and selling drugs than in any other department of commerce or manufacture.

The Pharmaceutist can do more good or more harm to the health of his fellow man, either by his wisdom or through his ignorance or unscrupulousness, than any other person in society. It is through the aid of the druggist that the physician expects to restore his patients, by the purity and efficiency of proper, scientifically prepared medicines.

Then why should physicians, and the people at large, forever remain, in this country, subject to the dire results of ignorant compounders, uneducated dispensers, and vile, inert and adulterated drugs.

We have no Pharmaceuti's association in our State, and this matter must be discussed by the physicians and brought up by county societies, and, at length, be acted upon by the State Medical Society and then find its way to the legislators, backed by the indorsement of every physician and well-meaning druggist in the State.

At another time we will publish an outline of the proposed law, and hope that it may inaugurate a strong move in the direction of its final adoption.



*Dr. Patton*

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HYDRATE OF CHLORAL IN THE TREATMENT OF CEREBRO-SPINAL MENINGITIS.

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By A. PATTON, M. D., Vincennes, Indiana.

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This most fatal disease still prevails in the West, where, unfortunately, no treatment has been adopted that seems to exert much control over its tendency to death. I have never met with any form of disease which, from its very outset, so uniformly marks its victim for the grave as this.

I have seen much of it, and observed closely the effects of the different remedies advised by the highest medical authorities in its treatment, and while some of them seemed to exert a favorable influence, the improvement was only temporary, and a fatal termination came sooner or later. I mean in a large majority of the cases, the few which recovered were not controlled apparently by any special line of treatment.

It is my object in writing this short article to call the attention of the profession to the use of hydrate of chloral in cerebro-spinal meningitis, hoping to induce them to give the remedy a trial in this most terrible affliction. Upon the following theoretical considerations is based the main argument in favor of its use.

In cerebro-spinal meningitis, the only important local manifestation known to uniformly occur, is, as its name indicates, inflammation of the meninges of the brain medulla oblongata and the cervical portion of the spinal cord. In examinations after death of persons

dying of this disease, the covering membranes of these parts exhibited marked evidences of having suffered from inflammatory action, and which was found to be in various stages of development, from simple hypermia and congestion, with serious effusions, while in other cases the products of inflammation are extensive as exudations of lymph and deposits of pus. The symptoms uniformly presented are such as might be expected from the abnormal conditions mentioned. As for instance, severe cephalagia in both front and back of the head. Nausea and vomiting, tenderness over cervical regions of spine. Tonic contractions of the muscles of the neck and back, also of the arms and legs, amounting in some cases to opisthotonus and emprosthotonus, strabismus, muscular pains, hyperæsthesia of the surface, delirium, etc. Now, simply taking for our guide these phenomena, without referring to the pathological conditions mentioned before, might we not anticipate excellent results from the hydrate of chloral? Because of its remarkable power of producing general relaxation of the muscular system, thus relieving one of the most formidable symptoms of the disease. We might be guided to its use by the further consideration of its uniformly beneficial effects in delirium tremens mania, tetanus and other affections known to depend cerebral and nervous disturbances. I say we might very readily conclude that the remedy was useful in this affection, by reasonings of this kind. There is, however, another argument in favor of the adaptation of this medicine to the disordered conditions existing in the cerebro-spinal meningitis, and that is its special action on the very organs involved in the disease. Not acting on the brain, spinal cord or their membranes as a stimulant, or excitant either directly or indirectly as do opium, quinine, alcohol etc., not increasing the hyperemia of these parts, not determining more blood to those already inflamed organs, but according to late investigations and experiments on animals, diverting the blood from the brain, spinal cord and their membranes, producing an anemic condition; the brain and spinal cord presenting a pale, bloodless appearance. If the appearances presented after death are the very reverse of those produced by the disease, may we not expect the greatest benefit from the medicine producing such striking results? I have employed hydrate of chloral in four well marked cases of cerebro spinal meningitis. Time will not allow my reporting the cases in detail, but suffice it to say that there is not a bad symptom described in the books as belonging to the disease that did not exist in one or other of these cases. I saw each of them in the early stage. Three of them were attacked very violently, all had severe cephalagia, nausea and vomiting, all had

tonic contractions of the muscles, either of the neck, back, arms, legs or of deglutition; one had apisthotonus, one had a severe convulsion, one had lateral oscillations of the eye balls, one lost an eye from kerolitis. All occurred in the same house, and near the same time. My treatment for the first four days in all the cases was hydrate of chloral in from ten to forty grain doses every two hours, dissolved in water or simple syrup. The uniform effect of the medicine in all the cases was to produce complete relaxation of the muscles, promptly relieving the tetanic contractions of the muscles of the back, etc. A quiet, refreshing sleep was substituted for the restlessness and delirium. The pain in the head and muscles were relieved as well as the nausea and vomiting. The hyperæsthesia of the surface gave place to a partial anesthesia, and in all the cases the most formidable symptoms yielded in less than twenty-four hours. But in two of the cases an irritative fever was developed, which continued three and four weeks. All recovered without any unpleasant sequellæ, except the loss of an eye by one. The treatment for the secondary fever was aconite and iodide of potass. These were all little girls from six to fourteen years of age, and that three of them were saved by this remedy I feel certain. But whether or not the medicine will control this most formidable disease in strong, qigorous men, is yet to be determined by future experiments.

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## AN ADDRESS

*On the Present Aspect of Medical Science, and its relations to the Community; read to the Allen County Medical Society, Fort Wayne, Ind., May 31, 1870, by N. S. Davis, M. D., Prof. Principles and Practice of Medicine in Chicago Medical College.*

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PUBLISHED BY ORDER OF THE SOCIETY.

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BRETHREN OF THE PROFESSION AND FELLOW CITIZENS:—The duties devolving upon the medical profession are of such a nature as to bring its members into almost every family circle, and to cause its interests to be identified with many of the most sacred and important interest of civilized society. Hence it is not only proper, but a matter of paramount importance, for the community generally to understand something of the nature and relations of medical science, the basis for judging properly concerning qualifications of individual

members of the profession, and of the benefits that may be reasonably expected, both in the treatment of diseases and in the sanitary improvements of communities. Convenience of expression has rendered it customary to use the phrase "Medical Science," to designate that field of knowledge, the acquisition of which is necessary to constitute an educated physician.

The form of expression would indicate that the field of medical knowledge constituted a well-defined science like that of geology, anatomy or Physics.

Such, however, is not the fact. It is rather an aggregation of such knowledge, gleaned from every department of science as can be made available for the preservation and treatment of disease.

To prevent, to mitigate, and to cure diseases are the great practical objects of all medical inquiry. To qualify men for the accomplishment of these purposes, every department of human knowledge has been laid under tribute; the organic and inorganic world have been searched for facts and materials, and the inventive genius of man has been required to give new means and methods of investigation.

The field of medical knowledge may be divided into two departments. The first embraces all that relates to the causes, nature, tendencies and results of disease; and the second all that relates to the nature and application of remedies. Disease being simple deviations from the natural healthy condition of some function or structure belonging to the human system, it is obvious that the first step in their study is to acquire a thorough knowledge of the healthy condition and function of every organ and structure that helps to work up our organization. To accomplish this the dissecting knife of the anatomist must be wielded with sufficient patience and skill to trace the existence, boundaries and connections of every bone, ligament, muscle, nerve, blood vessel, membrane, etc., that exists in the human body. Each anatomical structure thus developed with the dissecting knife, must be still further studied, and the special arrangement of its atoms or cells, too minute for observation with the eye, must be revealed under the magnifying power of the microscope. Finally, to complete the object of our study, by ascertaining the elementary substances that enter into the composition of each tissue, we must call into requisition the crucible and and test glass of the chemist.

Having thus learned the existence and relation of parts, the arrangement of the organic elements in each, and the ultimate elements of which the organic elements are composed, the next step is to ascertain the function of office performed by each organ and structure, and its relations to other functions. In the accomplishment of

this, the knife of the anatomist, the microscope of the histologist, and the crucible of the chemist, can afford us only partial aid. By including the field of comparative anatomy, and carefully studying the successive additions and new organs and structures, as we rise from the simple polypus, or lowest animal organization, through the several gradations up to the highest and most complex, man, and noting with each addition of development some corresponding manifestation of additional function, we may learn much in relation to the natural or healthy office performed by each organ of our bodies. But nothing short of many well devised and skillful experiments on the higher order of animals has enabled us to gain all the knowledge necessary in this direction, and even yet there are several interesting points involved in obscurity. It is thus seen that in simply laying the foundation, or in other words, getting ready for commencing the study of disease, we must master four most interesting and important sciences, namely: anatomy, histology, organic chemistry and physiology. Having learned what constitutes the healthy composition, structure and function of each part, we are prepared to study the alterations of these which constitute the various forms of disease. If we have studied the first properly, we shall have seen that all our various complex organs are resolvable into a few primary tissues, each having its own peculiar arrangement of the primary organic atoms or cells of which it is composed, and each performing a specific function or purpose, while the whole are endowed with certain properties common to and inherent in all living organized matter.

[He then stated the five elementary structures and successively illustrated and explained them.]

Having by the preceding studies reduced the complex and beautiful mechanism of the human body to its elementary forms of structure and properties by an easy step, we begin to acquire a clear conception of those deviations from the healthy standard both of structure and function which constitute the elementary forms of disease.

[He here illustrated the deviations of each property and function, showing how susceptibility is increased or diminished, how vital affinity is increased, diminished or perverted, how nervous sensation and motion are increased, diminished or perverted.]

He also illustrated at length the departures of the other elementary structures from the healthy standard showing that these departures combined to form complex diseases, such as hypertrophy, atrophy, morbid growths, and deposits, etc., inflammations and fevers.]

By this very rapid review of the nature of disease, we see why all



the so-called great systems of medicine, founded on some theoretical idea of the unity of disease, have successively fallen into disrepute. It matters not whether the idea be that of Brown making all diseases primarily debility, or that of Heller, Rush and Paine making *irritation*, excitement the starting point; or that of Cullen placing the first link in the chain of morbid action in the nervous system; all are alike contradicted by the simplest elements of physiology and pathology, which, as we have seen, show that every property and function is capable of taking on morbid or diseased action in two directions, and some of them in three.

But our object in studying diseases would be very imperfectly accomplished without including a rigid investigation of the causes capable of inducing them. The human system however perfect in structure, and delicately sensitive in its properties, could exhibit no phenomenon of life or action, without the impression of exterior objects and influences. The stimulus of food or nutriment and air are essential to the development of activity, either mental or physical. Here the physician must view man as a complex and sensitive being, constantly exposed to the action of all the mental and physical agencies that surround him.

[He here illustrated the influence of air, earth, light, heat and electricity, showing how the system was influenced by them.]

It is thus seen that an investigation of the causes of disease leads us directly into the domain of meteorology, geology, physical geography, psychology and the laws of physics generally. We hasten, however, to the second department of the field of medical knowledge, namely: That which relates to the nature and application of remedies for the prevention, mitigation and cure of diseases. These are largely developed by the same field of inquiry by which we become familiar with the causes of disease. This is especially true in relation to measures for prevention. To know the existence and mode of action of a deleterious agent or cause, often reveals also the means for its neutralization or removal.

[The Dr. enlarged upon this point and spoke at some length with regard to ventilation, cleanliness, drainage, etc.]

It is not enough, however, to remove causes; where diseased actions have become established they often persist and prove destructive long after the exciting causes have ceased to exist. Hence it becomes necessary to seek for agents that could be administered directly for the purpose of alleviating pain and overcoming morbid action. And in this search every department of nature and art have been laid under tribute.

The mineral, vegetable and animal kingdoms have each been made to furnish their quota, while the laboratory of the chemist has been taxed for the formation of new agents and compounds unknown even in the great laboratory of nature.

From the mineral kingdom we get our compounds of sodium, potassium, bismuth, iron, etc.; from the vegetable the important classes of alkaloids, gums, resins, etc., and from the laboratory the invaluable alleviators of human suffering called anesthetics. From this rapid glance at the present aspect of medicine, it will be seen it is no longer a crude jumble of theoretical dogmas, but a simple, yet careful study of the facts and principles embodied in all the physical and mental sciences so far as they can be made to bear upon the human system in health and disease. In other words, the study of medicine is the study of nature in her most intricate and beautiful aspects, and the application of the facts and principles developed to the highest and noblest of objects, namely, the alleviation of suffering, and the prolongation of life. If this view is correct, it leads naturally to a few thoughts concerning the relations of the profession to the community and to human progress generally.

It is probable that a few of my hearers, and especially of my non-professional hearers, have thought how far modern society are indebted to the legitimate profession of medicine for many of its most valuable improvements and means of enjoyment. The improved methods of constructing dwellings; the modes of ventilating buildings, public and private; the sewerage of cities and drainage of marshy districts; the isolation of contagious diseases to limit their spread; the disinfection and neutralization of poisons; the planing of provisions for the safety and care of the insane, the imbecile, the dumb, the blind, and the sick and poor are only the more prominent and easily appreciated items for which the whole community are indebted directly to our profession. The whole field of hygiene or sanitary science and economy, whether relating to individuals or communities is the direct and natural outgrowth of rational scientific medicine. We say rational and scientific medicine; because in this respect it presents a broad contrast to all the special *pathys* and *isms* of this and by-gone ages. Special systems of medicines (improperly so called) founded on some imaginary generalization or specific dogma, are like the iron bedstead, fixtures admitting of neither increase or diminution. Thus where a man pins his faith to the maxim that "like cures like," or that "the more you dilute, alternate or diminish the amount of any given substance the more potent it becomes," you effectually limit the range of his thoughts of the two

objects, of selecting a remedy that will produce symptoms most nearly like those he desires to cure, and reducing the amount to the smallest conceivable attenuation. The very dogma he embraces cuts him off from all progress in any other direction.

For instance, to apply the dogma of one of the most favorable *pathys* of our day to sanitary inquiries, would lead to the rather ludicrous idea of removing the foul air of the cellars, lanes and by-ways of our cities by mixing with it some other air as near the same kind of foulness as possible. Hence it is we look in vain over the history of the varied *pathys*, isms, etc., that have ever existed for a single instance of discovery or improvement in the great and important field of sanitary science. This results not from mere difference in men, but from the fact, which ought to be more fully appreciated by the community at large, that legitimate medicine is simply a part of general science applied to great and important purposes. Hence it advances with every advance in any of the departments of human knowledge; appropriate every new fact and speedily turns every new thought to some useful purpose in promoting the welfare of mankind. If such is really the nature of medical science and the relation it bears to the community, it follows that there are corresponding duties and obligations resting alike on the profession and the community.

*First*—The community should afford every possible facility for the education and advancement of the profession.

*Second*—The members of the profession should be faithful to each other—faithful to the community and faithful to their Maker.

Under the first head he very forcibly illustrated the injustice and inconsistency of the existing laws in nearly all of our States, which require a surgeon to treat a case of fractured limb, for instance, with that skill which can only be acquired by careful and persistent study of the human organizations by thorough dissections. At the same time by stringent laws it is made a penal offense for him to use the only means by which he can obtain the knowledge for which he is held responsible. "If he is so unfortunate for want of this knowledge as to fail in his efforts to obtain a good result, his arraigned before a legal tribunal in this so-called Hall of Justice, and held to answer by the severest penalties for the lack of knowledge which he was prevented by law from obtaining." He ably showed the necessity of the community affording every facility for obtaining all useful information possible to be obtained by dissections, through legal enactments, which would allow the student and the physician to make use of the bodies of paupers, who had been supported by the

public charity, and of criminals, especially when no friends claimed their bodies for interment.

In no way can the community receive any equivalent for the taxes which have been levied for the support of the former, or for the wrongs committed by the latter, than by contributing to the fund of knowledge of those through whom the community may be benefited.

Under the second head he showed how greatly the members of the profession could be benefited by being strictly faithful to each other, by promoting education, by social intercourse, by freely communicating all important facts and truths that could add to the general fund of knowledge; and he here took occasion to rebuke in befitting terms that species of charlatanry and illiberality which leads to the issuing of secret nostrums, the patenting of instruments and appliances, etc.

In conclusion he was especially earnest and felicitous in his language recommending to the members of our profession the duty of being faithful to our Maker by our purity of life, integrity of character, and hope in the future; and to labor zealously for the promotion of these virtues in the community where the physician has so much influence for good or for evil. The lecture elicited the most profound attention from a large and intelligent audience of ladies and gentlemen who could not have failed to be greatly benefited thereby.

## TWO CASES OF TRISMUS NASCENTIUM.

By **W. B. FLETCHER, M. D.,** of Indianapolis.

The mysterious cause of this disease has been sought for in vain by pathologists. It is, however, supposed to have some connection with inflammation about the umbilicus, or umbilical arteries. Thus Dr. Scholer says, that in eighteen infants who died of it, that in fifteen such inflammation was detected.

Whatever be the supposed causes by various authors, there is one point upon which they agree, that almost certain and distressing death awaits the new born victim.

The following will in brief give the phenomena presented by two cases which came under my observation within a few months, the treatment and result.

A rather delicate appearing, but said to be healthy woman, gave birth to her first child in December last. The duration of labor was

about twelve hours; it was natural in every respect. The child was small and the head quite round. Twenty-six hours after its birth, it was noticed that the child would no longer attempt to take the breast; that its eyes were occasionally rolled up, and momentarily fixed, and finally the hands clinched, and the elbows strongly flexed, and in thirty-six hours the child was having, in intervals of fifteen minutes, well marked spasms, accompanied by shrill screams and followed by exhaustion and sleep. The eyes became congested, the pupil dilated, and the anterior chamber of the eye was filled with blood.

Treatment ordered was to loosen all tight clothing, put the child in a warm bed, and to leave it thus, spasms or no spasms, and to give half grain of bromide potassum after each convulsion. Dr. Davis, who was attending the patient, informs me, that he continued this until it recovered, having taken in all forty grains of the bromide. It is now as strong, healthy and intelligent as any child of its age could be.

The second case occurred June 11th, 1870; it was the second child of healthy parents, and the disease came on twenty-four hours after birth. The child was unusually large, weighing naked eleven pounds. The head was very long. The labor, however, was not hard and only four hours duration.

The same treatment was used from the commencement and the spasms never became so strong as in the first instance, and there was but little screaming. After having taken twenty grains of the bromide in forty hours, the child began to nurse and the spasms disappeared.

In both these cases there was no unnatural appearance about the umbilicus, and the bowels and bladder were in healthful action.

I have spoken with several physicians about this class of cases, and find they express but little hope of recovery when they meet with Trismus. I can not give a reason for the action of the bromide, but believe it does good. And I am convinced that had I done nothing, and permitted the mother, nurses, friends, old women and midwives, to have kept the child in their arms, and each tried his, her and their special and particular remedies, that the children would have gone off from too much treatment.

It is too much the case that infants, at this tender age, are turned over to the cruel and absurd care of the most ignorant people, and that even in a healthy child the attending physician can only prevent its being drenched with vile decoctions by his continued presence and earnest protest. How much more risk is run when the



child gives evidence of some malady is seen in the numerous cups, bottles, plasters and baths, that surround it in this time; beside the absurd practice of trying to stretch out the flexed and convulsed limbs is one that excites convulsions and increases exhaustion.

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## Ophthalmology and Otology.

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### THE RELATION OF THE AURICLE TO THE HEARING POWER.

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By C. E. WRIGHT, M. D., Indianapolis, Ind.

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It seems scarcely possible that any one should doubt that the auricle has an acoustic importance, yet we find even professed aurists asserting that it is merely an ornamental appendix.

Itard affirmed that the auricle was of no benefit whatever in hearing, and that he had had occasion to assure himself "that the hearing is not altered when it is removed."

Toynbee would seem to deny any importance to the auricle other than that of an ornament. He relates a case where the right auricle of a sailor had been cut away, and no difference between the hearing power of the two ears (two feet by the watch) could be detected.

Toynbee's case is liable to criticism, because he had no means of learning the acuteness of hearing in the right ear previous to the injury. His test was with the watch alone; and as he does not give any details of the appearances of the membrane tympani, we are unable to decide whether the left ear was in a normal condition. Besides, only a *portion* of the auricle was removed, and we cannot receive his case as a fair test. We must exclude cases of congenital absence of the auricle, because we have no means of comparison; and, besides, other portions of the ear may also be imperfect.

Wilde speaks of cases having been recorded of total absence of the auricle where "the persons heard well," but does not mention the actual hearing power. Further on, however, he affirms that his investigations lead him to believe that persons having congenital peculiarities or malformations of the auricle, are more subject to aural affections than the balance of the community.

Kramer, Valsalva and others state positively that the auricle is

concerned in hearing; and Buchanan claims to have cured hardness of hearing by altering the direction of the auricle.

Buchanan's statements must, according to all accounts, be received with due allowance for exaggeration.

A case recently presented which conclusively proves to my mind at least that the *function of the auricles is not simply ornamental and consequently unimportant.*

June 14, 1870. William W. Scotton, of Hancock county, Indiana, came to my office and stated that while engaged in loading his gun at the battle of Vicksburg, a musket ball fired from the rebel fortifications above him, grazed the skin of the left temple, and carried away the left pinna.

Upon examination, I found that the auricle had been shaved off as close as it could have been done with a knife, *leaving only the tragus.* Hearing power tested with the watch: right ear twenty-inches; left ear one and a half inches. By placing the hand in a funnel shape behind the meatus, the watch could be heard at a distance of ten inches on the left side, and twenty-nine inches with the right ear. The tuning fork placed upon the cranium could be heard better with the right ear; but when both auditory canals were stopped with the fingers, the tuning fork on the cranium *could be equally heard with both ears.* Both membrana tympani were normal, and both eustachian tubes permeable.

I believe Mr. Scotton to have been honest in his statements, and that no deception was practiced in the examination.

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## Editorial.

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### DEATH OF SIR JAMES Y. SIMPSON, BART.

Most of the medical journals have noticed the death of this distinguished individual, which occurred May 6th.

To the American physician, all the titles and honors of the deceased have but little meaning; but to his real work as a physician and a learned man, who had fought his way up from the dough trough of a dusty bakery in a cellar in Glasgow, to the head of his profession, and to a Baronetcy, is a matter of interest to all energetic medical men.

How did a poor baker's apprentice achieve all this? Simply upon the motto of the late Velpau, who said as a last word to his professional brethren, "It is necessary always to work, my friends," and Simpson being always working, gained at last the top round of the ladder that leads to fame, usefulness and wealth.

As Americans, it is usual to scoff at the achievements of titled and wealthy scholars of the old world, and we satisfy ourselves with the idea that we could do quite as well if we had the wealth and opportunity. But when we see great men in our profession achieving both the learning, the opportunity and the wealth, we should take heart, and attempt the same.

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GREEK, LATIN AND MATHEMATICS — AMONG THE DOCTORS.— For many years there has been a constant pressure brought by Eastern schools upon other parts of the country, to compel larger fees and more extended education from those who would become students of medicine. A medical college convention is holding annual meetings, at which gatherings of scholars and erudite members of the profession, many fine things are said, as to how all young would be doctors should be able to sing in the original Greek, converse learnedly in Latin, and make play in the most abstruse mathematical problems, and how all these things are better done in Europe.

At the last meeting of this kind in Washington, Prof. Yandell most unmercifully pricked that delicate educational balloon with a crowbar of no small dimensions, and the Greek, Latin and mathematics escaped with greatest facility from the rent, leaving behind a faint odor of mercaptans.

In fact, Prof. Yandell's crowbar was slightly curved, and in a boomeranyish circle swept the heads of most of the learned body present. We are sorry we can not give in full the speech which did so much damage.

After speaking of the difficulties in the way of passing certain resolutions, he turned his attention to some of the fine speeches that had been made, and gave a fine elucidation of what we call "*gush*" and "*bosh*."

"These young men who are to succeed us are the children of our friends, of our associates, our neighbors, our patrons, our equals. We even believe they know as much as we did when we began. Nay, more; we actually expect that they will know more than we do now when they come to be as old as we now are. Their

attainments are as varied, as solid, and in every sense as respectable as ours were. Their zeal is as noticeable and their ambition is as great as ours were. We are driven to admit that they are even as good as we were. Yet, forsooth, we are gravely told by certain delegates that because these unfortunates are not *more* learned than we were; because they can not do what the fewest of us could do when we began—what many of us can not do now; because they have no knowledge of the Greek, and are ignorant of the Latin, and unfamiliar with the higher mathematics, they must be denied admission into our colleges; that because the country does n't produce classical scholars who wish to study medicine the schools must cease to make doctors. And the several medical institutions now in our country are urged, with some very lofty airs, to close their doors on all such young men as are deficient in these, as we are told, the essentials of a professional education. I should like to ask you, Mr. President, (Prof. Gross,) *how many teachers of your acquaintance are competent even to examine students in the breaches laid down in this resolution*, which has so suddenly grown to be so nearly indispensable to admission into our schools? *How many of our professors of medicine, do you believe, can read a sentence in Greek or a page in Latin?* All this talk about classical learning is the sheerest stuff; and in dwelling upon it with such pertinacity we but show ourselves to the world a pack of solemn shams. There is n't one of us who does n't know that an acquaintance with the dead languages is not *necessary* to the completest understanding of the diseases of the living, teeming people of the world. Great physicians, consummate masters of the healing art, men sought after because of their unequalled skill from all parts of the land, there are to-day, and will be, I doubt not, a hundred years hence, who do n't know the Greek alphabet, and could n't, to save their necks, parse a line of Latin.

When you and I, Mr. President, selected the profession of medicine as our calling, could either of us have engaged in its study had this resolution been in force? Could you read Greek? Were you familiar with Latin? Had you gone any great distance in the mathematics? And yet, sir, you have succeeded beyond most men. All the honors within the gift of the profession have been heaped upon you: to-day you stand confessedly at the head of American Surgery. You have been this moment elected President of all these learned Thebians. Must you turn now and exact of the student what you yourself did not possess at his age—"a sufficient knowledge of the Greek and Latin to enable him to understand the technical terms of the profession?" Why, sir, if this "sufficient knowledge" doesn't mean a thorough knowledge of those languages, then it means nothing. And besides all this, the embryonic Esculapius must be conversant with mathematics. I beg to offer the following problem to my friends of a mathematical turn of mind: If this resolution be adopted and could be enforced, how many students would there be in attendance upon lectures the coming winter, and how many teachers would there be capable of examining them in these prerequisites of medical education? I fancy there would be proportionally as large a falling off among the teachers as the taught. Again, would medical education cease, and no more of these ignorant youngsters—who are such bugbears to some of my learned friends—be turned loose upon the world? Not at all. The same law that controls other matters in this world regulates the supply and quality of doctors. The old law of supply and demand applies to physicians just as to other men and to other things; nor can we reverse it. What the people want the people will have, the people will finally get. If they want physicians

skilled in medicines and learned in classics, such physicians will be produced. But, I ask, *do* our people demand such? If so, I should be glad to see the evidence of the fact. If the mathematical wing of this convention be in possession of it, let them produce it. If such physicians are demanded, why is the material for their production not furnished? The schools can use only such material as is sent them. The schools can not require of their pupils a degree of scholarship in advance of their surroundings. The schools can not demand of their students classical attainments beyond and above those exacted by the law and the ministry. Why may we not profit by the practice of the courts in this matter? The student of the law applies to the courts for license to practice his profession. The learned court examines the trembling aspirant on the law and the practice, not on Cæsar and Xenophon, and if his answers be satisfactory he is invested with the coveted degree. Shall we do more? Are we better than they? I have already said that the schools have no power to say, "You shall know Greek and Latin and mathematics, or you shall neither study nor practice medicine." The coming doctor would snap his finger in your face for your pains. And if the schools *had* the power, to say that they would exercise it is but another bit of *gush*, a huge piece of *bosh*, so exceedingly transparent that it deceives no one, not even ourselves.

Of course there was little more to be said on the subject, and the dead languages, followed by grave mathematics as sole chief mourner, walked solemnly off the stage.

THE HOWARD COUNTY MEDICAL SOCIETY.—We acknowledge the receipt of a kind invitation to attend the meeting of this Society on the 6th instant, and regret that a previous engagement compelled our absence that day in another direction. We hope, however, that the Secretary of that Society will forward the proceedings to us for publication.

## Proceedings of Societies.

### INDIANA STATE MEDICAL SOCIETY.

#### SECOND DAY.

The President, Dr. Sutton, took the chair at 9 o'clock A. M.

The committee on credentials presented favorable reports, which were concurred in.

#### PUBLICATION OF THE CONSTITUTION.

Dr. Hibberd offered the following:

*Resolved*, That the Secretaries of this Society be requested to incorporate into



the Constitution and By-Laws all the amendments and alterations that have been made since their last publication, including those of this year, and publish the same in the volume of transactions for the current year.

The resolution was adopted.

#### AMENDMENT TO THE BY-LAWS.

On motion by Dr. Hibberd, the By-Laws were amended by adding a new section as follows :

SECTION 6. Every person claiming to be a member of this Society shall before he be allowed to take part in the proceedings, give his name to the Secretary and pay two dollars.

#### PRACTITIONER'S LICENSE.

Secretary Woollen laid before the Society a preamble and series of resolutions adopted by the American Medical Association at its session in New Orleans, in May, 1869. One of the resolutions requests each State Medical Society to appoint annually one or more boards of examiners, whose duty it shall be to meet at suitable times and places for the examination of all persons, whether graduates of colleges or not, who propose to enter upon the practice of medicine in their respective States, except such as have been previously examined and licensed by a similar board in some other State.

On motion, the President was authorized to appoint a select committee of three, whose duty it shall be to consider these resolutions and report thereon, if deemed advisable, this afternoon.

The President, thereupon, made Drs. Hibberd, R. N. Todd and Parvin to constitute said committee.

#### THE PRESIDENT'S ADDRESS.

On motion, Drs. Hobbs, Harvey and Passage, were named as a select committee, to which was referred the President's Annual Address, with instructions to report thereon this afternoon.

#### ESSAY ON SYPHILIS.

Dr. Woollen, being called upon by the President, proceeded to read his paper on syphilis.

On motion by Dr. Clark, it was referred to the Committee on Publication.

#### DELEGATE FROM OHIO.

Dr. Passage introduced Dr. S. S. Gray, a delegate from the Ohio State Medical Society, whose presenee was acknowledged with applause.

## CARIES OF THE SKULL.

Dr. Hobbs's report of an operation for syphilitic caries of skull being called for, was now read. It gave rise to some little running discussion.

On motion by Dr. Waterman, this paper was laid on the table, and, together with Dr. Woolen's essay on syphilis, was made the special order for 5 o'clock this afternoon.

## ELECTION OF OFFICERS.

Dr. Clark, from the Committee on Nomination of Officers for the ensuing year, made the following report:

*President*—Dr. R. N. Todd, of Indianapolis.

*Vice President*—Dr. J. N. Rosenthal, of Fort Wayne.

*Secretary*—Dr. G. V. Woollen, of Indianapolis.

*Assistant Secretary*—Dr. W. J. Elstun, of Indianapolis.

*Treasurer*—Dr. James H. Woodburn, of Indianapolis.

*Librarian*—Dr. A. W. Davis, of Indianapolis.

The report was concurred in.

## DISLOCATION OF THE HIP JOINT.

Dr. Passage, being called upon, then read his paper on Reduction of Dislocation of the Hip Joint of eleven days standing.

Dr. R. E. Haughton, of Richmond, presented a report of a dislocation of the hip; some of the causes which interfere with reduction: principles of the Flexion method, &c., illustrated by specimens, drawings on the blackboard and illustrations.

When he had concluded—

On motion of Dr. Waterman, the Society took a recess till 2 o'clock P. M.

## AFTERNOON SESSION.

President Sutton, not being present, at ten minutes past 2, on motion, Dr. Hibberd took the chair and called to order.

## PROFESSIONAL ADVERTISING.

On motion of Dr. Woodburn, the special order for this hour, concerning the publication of cards, circulars, or advertisements, by specialists, was referred to the Committee on Ethics.

## DISLOCATION OF HIP JOINT.

The papers pending at the hour of recess for dinner were referred to the Committee on Publication, on motion of Dr. Harvey.

## DISEASES OF THE EAR.

Dr. C. E. Wright, of Indianapolis, being called upon for his paper on Purulent Aural Catarrh, came forward and read it from the forum. It was referred to the Committee on Publication.

Dr. Rooker offered the following resolution, which was adopted :

*Resolved*, That this Society recommend the profession of the State to subscribe for and contribute papers to the *Indiana Journal of Medicine*.

The President *pro tem*, in behalf of President Sutton, announced the committee to prepare and submit to the State Legislature a petition for the enactment of a law providing for a State Board of Public Charities, namely: Drs. Ryland T. Brown, Patrick H. Jameson, James H. Woodburn, Orpheus Everts and James F. Hibberd.

Dr. Lomax, in behalf of Treasurer Lyons, unavoidably absent, submitted the Treasurer's annual report, which was referred to the Committee on Finance.

Dr. E. Mendenhall, of Zionsville, then read his paper entitled "The Utility of Ergot in facilitating Labor."

On motion, this paper was referred to the Committee on Publication.

## FINANCIAL.

Dr. Harding, from the Committee on Finance, reported the accounts of the Secretary and Treasurer correct, and recommended an assessment of \$2 per member to meet current expenses.

The report was concurred in.

## THANKS TO THE DAILY PRESS.

*Resolved*, That the thanks of this Society are due and are hereby tendered to the daily *Journal* and the *Sentinel*, for their more than ordinary accurate and full reports of our proceedings.

The resolution was adopted *nem. con.*

## PRACTITIONERS' LICENSE.

Dr. Hibbard, from the special committee thereon, returned the preamble and resolutions of the American Medical Association, touching the admission of new men into the ranks of practicing physicians, reported it clearly impossible to find time for the deliberate consideration of the subject in the few remaining hours of this meeting, and therefore the committee recommend the reference of the resolutions to a special committee for digestion, with instructions to report next year.

On motion the report was referred to the same committee, with instructions to consider the subject and report at the next annual meeting.

#### THE PRESIDENT'S ANNUAL ADDRESS.

Dr. Hobbs, from the Special Committee on the President's Address, submitted a report, recommending that Dr. George Sutton be requested to report a paper to the next year's meeting on "The Nature, Pathology and Treatment of Milk Sickness, and its relation to what is called 'Trembles' in inferior animals."

Also, that the same be appointed to report at the same time Biographical Sketches of Physicians who have died in the States.

[Subsequently Dr. J. H. Stewart was appointed by the Chair.]

Also, same one to prepare and report on the changes, if any, in the types which the diseases of the State are undergoing.

[Subsequently the Chair appointed Dr. Mears.]

Also, that a committee of one from each Congressional District be appointed to collect facts relating to the health of their different localities, medical statistics, etc.

Subsequently the Society selected the said committee, viz:

1st District, Dr. Daniel Morgan; 2d District, Dr. William Clapp; 3d District, Dr. A. G. Boynton; 4th District, Dr. S. M. Martin; 5th District, Dr. Henry G. Todd; 6th District, Dr. T. H. Rice; 7th District, Dr. J. H. Adams; 8th District, Dr. W. K. Mavity; 9th District, Dr. N. H. Kennedy; 10th District, Dr. A. D. Wood; 11th District, Dr. Lewis Humphreys.

#### CERTIFICATES OF MEMBERSHIP.

Dr. Kersey, from the Special Committee on the Secretary's report, recommended the granting of certificates, signed by the President and Secretary, and sealed with the seal of the Society, to any member in good standing about to leave the State.

The report was concurred in.

#### PERMANENT MEMBERS.

The following additional names were reported: R. C. Moore, Belleville; C. N. Blount, Tipton; John Rea, Newcastle; Geo. Sutton, Aurora; I. J. Adams, North Salem; Wood Cook, Pendleton; J. M. Wishard, Greenwood; T. B. Noble, Greenwood; B. Ward, Indianapolis; W. Lockhart, Danville; P. H. Jameson, Indianapolis; W. J. Hoadley, Danville; M. V. B. Newcomer, Tipton.

#### DELEGATES.

H. M. Minesinger, Sulphur Springs; J. W. Badger, Fremont; T.

C. Rich, Indianapolis; J. J. Saville, Kokomo; G. M. Adams, Frankfort; G. W. Leutz, Lawrenceburg.

#### THANKS TO DR. KITCHEN.

Dr. Harvey offered the following resolution :

*Resolved*, That this Society accept the offer of Dr. J. M. Kitchen to furnish the complete files of the transactions; and we hereby tender our thanks to him for the same, and instruct the Librarian to have the same preserved in the Library.

The resolution was adopted.

#### LIST OF DELEGATES.

Dr. Clark, from the Committee on Nominations, recommended, as delegates to the American Medical Association, Drs. V. Kersey, Thad. M. Stevens, G. Sutton, M. H. Harding, W. Scott, W. K. Mavity, J. P. Avery, J. F. Hibberd, J. R. Weist, A. P. Mitten, H. V. Passage, B. Newland, N. J. Beackley, J. I. Rooker, W. Lockhart, J. C. Walker, S. C. Tomlinson, N. D. Gaddy.

The report was concurred in.

Subsequently, on motion of Dr. Clark, it was

*Ordered*, That any gentleman may become a delegate by reporting his name to the Secretary previous to the publication of the transactions of this meeting in book form.

On motion of Dr. Elstun, it was

*Resolved*, That any member of this Society who desires to attend the Ohio State Medical Society be furnished a certificate as delegate.

#### THE NEXT ANNUAL MEETING.

The President *pro tem.* suggested that as the American Medical Association meets next year in San Francisco, California, on the second Tuesday in June, delegates from this Society could not return to our meeting unless the time be changed.

Thereupon, Dr. Passage moved that the next meeting of this Society be held on the second Tuesday in April next.

Dr. Weist moved to amend by fixing the time for the second Tuesday in June, 1871, at 9 o'clock, A. M.

The amendment was agreed to.

The motion, as amended, was then adopted.

#### RELAPSE OF FEVERS.

Upon a call from the President *pro tempore*,

Dr. Waterman read his voluntary paper upon Relapsing Fever, and requested that it should not be referred for publication, as it was



prepared in great haste, because he expected a dearth of reports this year.

It gave rise to a brief discussion, in which Drs. Clark, Vanvorhis, Rooker and others took part, in which regrets were expressed that Dr. Waterman had not put his report in such shape that he would consent to its publication in the transactions of the Society.

On motion by Dr. V. Kersey, the thanks of the Society were tendered Dr. Waterman for his paper.

#### STANDING COMMITTEES.

The President announced the following standing committees for the ensuing year:

*On Prize Essays*—Drs. Parvin, Mears and Clark.

*On Ethics*—Drs. T. B. Harvey, Woodburn, James Thompson, J. M. Kitchen and C. N. Blount.

*On Arrangements*—Drs. Waterman, A. W. Davis, W. N. Foley, J. A. Cominger and W. G. Moore.

*On Finance*—Drs. Lockhart, Vanhorhis, Passage, Mavity and Morris.

*On Publication*—Drs. G. V. Woolen, W. J. Elstun, L. D. Waterman, C. E. Wright and W. B. Fletcher.

#### SPECIAL ESSAYISTS

Were also announced, to-wit:

Dr. Hibberd, on the Progress of Medicine.

Dr. W. B. Fletcher, on the Formation of the Placenta.

Dr. John Moffit, on such subject as he may choose.

Dr. Dougan Clark, on Chloroform in Obstetrics.

Dr. W. Hobbs, on Alcoholic Stimulants in the Treatment of Diseases.

Dr. C. E. Wright, on Diseases of the Eye.

Dr. J. R. Weist, on a subject to be selected.

Dr. W. C. Lomax, to select his own subject.

Dr. S. C. Thomas, on Hemorrhage in Typhoid Fever.

Dr. W. J. Elstun, on Therapeutics of Bromide of Potassium.

Dr. Woodworth, to select his own subject.

Dr. Theo. Parvin, on Fibrous Tumors of the Uterus.

Dr. T. B. Harvey, on Laceration of the Perineum.

Dr. C. N. Blount, subject to be selected.

Dr. V. Kersey, on Inflammation.

## SYPHILIS.

The President *pro tempore* announced the subject matter (the two papers on syphilis) made the special order for discussion at five o'clock.

Drs. Woolen, Harding, Seville, Hobbs, Waterman and Haughton made remarks on the subject.

The paper of Dr. Hobbs was referred to the Committee on Publication.

## THANKS TO THE PRESIDENT.

Dr. Waterman moved a vote of thanks to our worthy President for discharging his duties so acceptably during the present session.

The motion was agreed to.

President Sutton acknowledged the compliment.

The Society adjourned till the third Tuesday of June, 1871.

## ANNUAL MEETING OF THE ALLEN COUNTY MEDICAL SOCIETY.

FORT WAYNE, IND., May 31, 1870.

The Society was called to order at 3 o'clock, P. M., by the President, Dr. I. N. Rosenthal. The following Physicians were in attendance:

Prof. N. S. Davis, Chicago, Ill.	D. M. Marshal, Princeton, Ind.
T. M. Stevens, Indianapolis, Ind.	Dr. Curran, Decatur, Ind.
Charles Orvis, Eel River, Ind.	Dr. Rousch, 9 Mile P. O.
T. F. Woods, Metz, Ind.	W. T. Knapp, Ill.
H. D. Woods, Angola, Ind.	W. H. Barks, Fort Wayne, Ind.
W. N. Longworth, Van Wert, O.	J. N. Rosenthal, " "
T. McNabb, Fremont, Ind.	H. P. Ayres, " "
I. R. Dunning, Arcola, Ind.	A. J. Irwin, " "
A. De Vilbiss, Williamsport, Ind.	Dr. McCullough, " "
J. Pierce, Coesse, Ind.	S. S. Gregg, " "
E. Pierce, Coesse, Ind.	Dr. Fitzsimmons, " "
J. Emanuel, Spencerville, Ind.	G. T. Brenbach, " "
M. F. Williamson, New Haven, Ind.	W. H. Myers, " "
A. D. Emanuel, Antwerp, O.	I. Knapp, " "
W. T. Ferguson, Columbia City, Ind.	Carl Myer, " "
T. Davenport, Warsaw, Ind.	J. M. Josse, " "
A. H. Shaffer, Huntington, Ind.	W. H. Thacker, " "
F. Bippus, Huntington, Ind.	L. G. Thacker, " "
T. S. C. Grayston, Huntington, Ind.	C. Schmitz, " "

H. C. Miner, Roanoke, Ind.	C. S. Smith,	"	"
W. H. Ralson, Defiance, O.	S. B. Brown,	"	"
R. S. Knode, New Haven, Ind.	E. Snider,	"	"
A. P. Mitten, Columbia City, Ind.	Dr. Seag,	"	"
Wm. Dougall, Ill.	S. H. Spalling,	"	"
H. Y. Passage, Peru, Ind.	B. S. Woodworth,	"	"
T. Dorwin, Decatur, Ind.	S. C. Ayres,	"	"
Dr. Rakestraw, Hicksville, Ind.			

The Secretary, Dr. S. C. Ayres, then read a synopsis of the transactions of the Society for the past year, which showed that the interest in the Society had been well sustained, the meetings well attended, and that there was more harmony in the profession now than there ever had been before.

After the reading of this report three cases of interest were presented for examination by the members present. The first was a case of enlargement of the right side of the heart. by Dr. H. P. Ayres, who gave a short history of the case. Dr. N. S. Davis remarked that there was no true valvular disease in the case, but a simple dilatation of the right side, which might depend upon a diseased condition of the lungs or on nervous prostration.

The second case was injury of an ankle joint presented by Dr. W. H. Myers. The patient had received the injury about a year ago by being thrown from a wagon. There had probably been a fracture of the fibula and dislocation of the ankle joint. Opinions were given by several members all favoring amputation above the ankle joint. The last case was presented by Dr. J. M. Josse. The case was that of a child a few weeks old in which there was contraction of all the flexor muscles of the limbs, and a deformity of the head. Dr. Davis supposed this to be a case in which there had been an arrest of the middle and posterior portions of the brain, in the region of the corpora quadrigemina and cerebellum. The case was examined carefully by the members. Then followed the discussion on Scarletina, in which nearly every member took part. Opinions were freely interchanged and various modes of treatment presented. Many cases were very malignant in character, and no treatment seemed to have any effect. Other cases were mild and required little or no treatment. Quinine, iron and warm baths were particularly recommended. All agreed that a supporting treatment should be persistently carried out in all cases. The discussion was animated, and well sustained.

After the discussion, the Society adjourned to meet at 8 o'clock.

At 8 o'clock Dr. Davis was introduced to a large and select audience, which gave him an undivided attention, from the fact that the

subject was so beautifully and clearly presented, and its parts so interwoven, that all could appreciate something of the wonderful structure of the human organism. Few men have the ability of Professor Davis in reducing a complex science to the comprehension of a popular audience.

At 9½ o'clock nearly seventy sat down to one of the most sumptuous repasts ever prepared in Indiana.

The Rev. Dr. Curran, Chaplain of the evening, invoked the blessing of God, and then every one with a good will partook of the various delicacies prepared. After the repast the tables were cleared and supplied with fruits and light German wines.

Toasts and responses took up the time until one o'clock, when the company separated.

To speak of the affair modestly, it was a joyful one; full to overflowing, as a feast of reason and flow of soul. It will long be remembered. New personal friendships were formed, and a fresh impulse given to the profession in Northern Indiana.

#### BRAINARD MEDICAL SOCIETY.

The Society met in the Court room in Winamac, Ind., April 7th, 1870. The President, Dr. Eaton, in the Chair.

The minutes of the last meeting were read and approved.

Dr. Eaton read a paper on the action and some of the uses of Ipecacuanha.

Dr. Hoag reported a case of Epilepsy.

Dr. Washburn reported a case of Accidental Uterine Hæmorrhage complicated with rigid Os.

Drs. Cleland and Hoag reported a case, each, of shoulder presentation.

The Fourth Annual election was then had, which resulted as follows: President, J. W. C. Eaton; Secretary, I. B. Washburn; Treasurer, Wm. Kelsey; Censors, F. B. Thomas, W. S. Cleland, and J. B. Hoag.

I. B. WASHBURN, M. D., *Sec'y.*

I append the names and address of our permanent members:

F. B. Thomas, Winamac, Ind.	L. D. Glazebrook, San Pierre, Ind.
H. Kittinger, " "	J. B. Hoag, Knox, "
James Thomas, Royal Center, Ind.	J. B. Moore, Bennett's Switch, "
W. T. Cleland, Kewana, "	W. S. Elston, Medaryville, "
A. R. Thompson, " "	D. H. Thornton, " "
R. W. Jackson, " "	Wm. Kelsey, Monterey, "
J. H. Smith, " "	Hartman & Wungarden, Francisville, Ind
J. W. C. Eaton, Pulaski, "	

## Abstracts from Foreign Journals.

Translated by Guido Bell, M. D.

In regard to the hydrate of chloral, different opinions exist among practitioners. Several new experiments and practical results are important enough to show its power on the cerebrum and spinal cord. Success in five cases of cerebral affections, where bromide of potassium and morphia have been useless, is reported in German and French journals. Dose, two scruples.

The distilled water of spruce fir is highly recommended in menorrhagia, especially after typhoid fever and malaria diseases.—*Revue Therap.*

Several cases of diphtheria and croup have been successfully treated by permanganate of potash (one scruple to six ounces of water for washing) and carbolic acid (one part to ten) for the same purpose.—*Memoria and Bulletine medic. de la Suisse Romande.*

Also a solution of lactic acid (15 to 20 drops to half an ounce of water) is to be inhaled every half hour, afterwards a weaker solution is sufficient.—*Weber.*

The gas and petroleum light is injurious to the eyes even when healthy. After Heyman's experiments, says the Italian Dr. Garsi, the red, orange, yellow and green colors being too strong, they must be neutralized by blue glasses.

Since the general use of chloroform, nearly every surgical journal publishes cases of luxations of long standing and successfully treated after the Flexion method. The *Revue Therapeutique* mentions a hip joint dislocation reduced after the 99th day. The observations of the late Prof. Streubel are of great importance in this respect.

A very severe case of eclampsia was cured by bromide of potassium (one drachm to four ounces of water, a spoonful every fifteen minutes.—*Union Medicale.*

A very severe case of chorea rheumatica was cured by bromide of potassium, 15 to 60 grains. Gallard recommends it only in severe cases.



Ergota is given in galactorrhœa with success; three cases; two scruples to five ounces, three times a day.—*Gaz. des Hopitaux*.

Dr. Arnold found in 1,000 experiments the muriate of morphia the best for injections, (1 part to 60) especially in anomalous labor pains.—*Wurtemberg Correspondence*.

Ruspini recommends Anderson's tincture of kamala, (one to four drachms with aromatic water) in the tape-worm, a purgative not being necessary. Also, it is said to be good in skin diseases, externally.—*Annali di Chimica*.

The *Gazette Medicale* recommends charcoal in pains from combustion. It heals up in one hour.

Mr. Duval publishes a case of præcordial neuralgia with anemia cured by cold douches of 10° C. (18° F. above freezing). Walk before and after the douche, moisten the head at first, cold food as possible, no wine or whisky.—*Revue Therap.*

As an appendix to Dr. Given's valuable article in the *American Practitioner*, on tincture of veratrum in pneumonia, I add the facts found by Van Praag (Vichow's Archiv) on dogs, rabbits, fishes and birds. The circulation and breathing diminished intensely; muscles lose their tension, the irritability of the nerves, especially of the peripheric, lowered. Nearly always salivation and vomiting, often diarrhœa, urine normal. These symptoms are preceded by irritation, etc. After the very exact experiments of Kieman (Prag. Vierteljahr, 1868.) it is ascertained that no remedy is found so readily and surely to effect as the tincture of veratrum. Hirtz (*Revue Therap*, 1870), prefers digitalis, and blames veratrum as too fugacious and nauseous, and thinks that it will not constitute a general method.

The mortality of pneumonia by the expectant treatment is—

Thomas, 21.5 per cent. among 65 cases.

Bleiler, 29.9 per cent. among 148 cases.

Dietl, 7.4 per cent. among 189 cases.

After blood letting—Dietl, 20.4 per cent.; number cases unknown.

After tartar stibiat—Dietl, 20.7 per cent.; number cases unknown.

After veratrum—Vogt, 7.8 per cent. among 51 cases.

Bierman, 10. per cent. among 60 cases.

Kieman, 12.5 per cent. among 40 cases.

By diverse treatment—Huss, 10.7 per cent. among 2,616 cases.

Vienna Hospital, 26.5 per cent. among 114 cases.

Vienna Hospital, 21.5 per cent. among 756 cases.

With Huss the method of treatment seems to be irrelevant. The effect of veratrum is only symptomatical, but of the greatest value for its promptity in case of want.

MOUTARD—Martin recommends especially for teething babies when no other disease is found than super-excitation,  $1\frac{1}{2}$  to 3 grains of bromide of potassium in two or three doses. The effect is said to be constant, complete and rapid.—*Revue Therap.*

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## Reviews.

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ON INTRA-OCULAR TUMORS. By H. Knapp, M. D. Translated by S. Cole, M. D. Pp. 323. 1869. William Wood & Co., New York. For sale by C. P. Wilder.

Few persons are better or more favorably known as connected with the advance of ophthalmology than Prof. H. Knapp, formerly of Heidelberg, now of New York. The monograph here presented is the result of investigations in fifteen cases, and is beautifully illustrated with one chromo-lithographic and fifteen lithographic plates.

Prof. Knapp discards the catalogue of names formerly employed to designate morbid growths within the eye, and confines his nomenclature to two varieties, viz: *glioma* and *sarcoma*—the former finding its origin in the retina and the latter in the choroid. He admits the existence of carcinoma in the eye on the authority of Virchow, but says he has never seen a case which could not be classified under one or the other of the two varieties above named, or of a combination of both, *glio-sarcoma*.

This work is of interest to the whole profession, the surgeon and general pathologist, as well as to the specialist; for morbid growths within the eye can, with the ophthalmoscope, be studied from the time of their incipieney, until their removal becomes a necessity, when their minute structure can be determined by means of the microscope; and by thus perfecting our knowledge of one of the branches of our art, we are led to a more intelligent investigation of other departments.

The treatment of glioma is enucleation of the eyeball, the sooner the better, and if the whole of the retina is involved, or perforation of the bulb has occurred, extirpation of all the contents of the orbit and as much as possible of the optic nerve; for there is danger of the

disease extending not only to the opposite eye, but to the membranes of the brain and causing death.

A considerable portion of this work is devoted to choroidal sarcoma, the treatment of which is the same as for glioma—enucleation of the eyeball. This may, upon first thought, be denominated heroic treatment, but when we consider that irremediable blindness will inevitably result, and that the patient's life may be prolonged even if a permanent cure is not effected, it will be seen that we have no other course to pursue.

We might perhaps object to the author's use of the term *metastasis* of sarcoma from the eye to the lungs, liver, etc., when the morbid conditions affecting these organs may be expressions of a disease of which the intra-ocular trouble is only one manifestation.

In order to render the work as nearly as possible complete, Prof. Knapp has annexed an appendix wherein are contained gleanings of the opinions of others together with cases of tumors occurring in the iris, ciliary body, etc.

We cannot too highly compliment the author for the thoroughness with which he has treated his subject, the translator for the excellence of his rendition, and the publishers for the elegant manner in which they have brought out this truly valuable book.

C. E. W.

NEW FACTS AND REMARKS CONCERNING IDIOCY. Being a lecture delivered before the New York Medical Journal Association, by Edward Seguin, M. D. New York, William Wood & Co,

It is a rare treat to read such a well written Monograph, but when we remember the good long life work of the author, and the abundance of facts within his reach, and a mind well cultivated to the task, we are not surprised that all he writes upon this subject approaches perfection.

ANNUAL ADDRESS BEFORE THE ALUMNI ASSOCIATION OF THE UNIVERSITY OF THE CITY OF NEW YORK—MEDICAL DEPARTMENT. By James R. Lansing, M. D. New York, G. W. Carleton.

This address is a well written history of the Medical Department of the University, and gives a glowing sketch of her great men, numbering among them Draper, Morse, Colt and other inventors and scientific men, beside pointing out the great advancement in various specialties and public charities which have grown up under the fostering care of their Alma Mater.

THE PHYSICAL AND MEDICAL TOPOGRAPHY, INCLUDING VITAL, MANUFACTURING AND OTHER STATISTICS OF THE CITY OF WHEELING, WEST VIRGINIA. By James E. Reeves, M. D., City Health Officer.

When we see a city with a good Board of Health, with an energetic working man as Health Officer, we estimate that city far in advance of hundreds that have a larger population, and make more boast of wealth and manufactories.

We have enjoyed Dr. Reeves's report, and wish we could compel our own city authorities and physicians to do so, because it would show them what a health officer can and should do to prevent disease. Besides, the doctor puts in a good essay on sanitary science and many historical facts, interspersing statistics that take from it the dry matter of fact and formal reading that such reports usually furnish.

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NOTES ON THE PHYSIOLOGY OF THE NERVOUS SYSTEM, WITH REFERENCE TO CLINICAL MEDICINE. By Meredith Clymer, M. D., University of Pennsylvania. D. Appleton & Co., New York.

This is a reprint from the very interesting papers that the author published in the *New York Medical Journal*. There is no branch of professional knowledge upon which there is so much almost hopeless ignorance among the mass of practitioners as that of physiology and pathology of the nervous system, and it is because so little attention has been paid to the practical study of physiology during student life. In fact, unless the physician has continued his physiological studies up to a recent period, he would be as little benefited by reading these papers as would a Sioux Indian by a perusal of Confucius in the original.

But in our little journal we cannot do justice to our readers or the author by anything like an attempt at a review. We mention the work, however, that all who are thirsty for such knowledge may know where to find the wherewith to quench. A learned, scientific and well written paper has been furnished, unsurpassed and in reach of all.

## Miscellaneous.

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### FOREIGN INTELLIGENCE.

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CHLORAL AND CHLOROFORM.—Communications on chloral multiply daily. Among some of its curious effects may be noticed an observation of M. Liegois at the Societe de Chirurgie that a case in which he had performed a minor operation under the influence of chloral, which produced sleep, but not anæsthesia, he resorted to chloroform. To his great surprise he found that the association, so far from increasing the effects, gave rise to excitement which lasted as long as the inhalations were continued. The fact is the more to be remarked as tending to disprove the identity of action between chloral and chloroform insisted upon by Liebreich. M. Giraldes, proceeding in a different direction, administered to infants who have been chloroformed and remained very agitated, a chloral draught. The effect of the association was to produce peaceful sleep for from five to eleven hours. Since then he has frequently employed chloral, either in mixture or enema, whenever children have remained excited after chloroform, and always with success. M. Demarquay observed that he has continued with advantage his practice of giving patients immediately after operation, successive doses of 2 or 3 to 5 grammes (1 gramme, 15 grs.) of chloral until sleep is produced. All subjects are, however, far from exhibiting the same effects from the action of chloral. In some, when it is given immediately after the operation, it produces a quiet sleep and deep calm which lasts all day, and prevents any of the pain consequent on the traumatism being felt. Others proved refractory to the action of chloral, which is sometimes rejected by vomiting. As a medium dose he gives 2 grammes in two spoonfuls of syrup diluted with water. M. Giraud-Teulon has observed the same excitement produced by administering chloral in children that have been etherized as related by M. Liegeois in those who have been chloroformed.—*Med. Times and Gaz.*, April 23, 1870.

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SMALLPOX IN PARIS.—In M. Besnier's report on the diseases prevailing in Paris during the first quarter of the present year, he gives an interesting account of the course of the epidemic of smallpox still raging in that city. It commenced in November, 1869, when diseases from this cause exhibited a sudden increase. During the winter it underwent a considerable exacerbation, proceeding in this respect in conformity with the usual course of smallpox. On exam-



ining the mortality returns from variola during the last ten years, M. Besnier states he finds the minimum is always in the months of June, July and August, when, increasing somewhat in September, it pursues a regularly ascending course during the winter, to decline again in the spring, and fall to the minimum in summer. If this rule is to hold good, the present epidemic must soon exhibit a decrease. Not only is the disease most frequent in the winter, but its proportionate fatality is greatest in that season. The entire number of deaths from variola during the first quarter of 1870, was 2,266—viz., 681 in January, 747 in February, and 838 in March. In ordinary times, smallpox follows pretty much the course of other diseases in its relative prevalence in the different arrondissements, but during epidemics, the differences in this respect, although still observable, are much less marked. The great number of cases occur between the ages of twenty and thirty, males being more frequently its subjects than females. The mortality which ensues does not follow this rule in the present epidemic any more than in former epidemics. Thus, for the months of January and February the mortality of adult males was 20.16 per cent., and of females 21.87 per cent.; and of males under sixteen it was 34.47 per cent.; and for females of the same age 36.65 per cent.—not counting the children at the Foundling Hospital, where it was 40 per cent. M. Vacher has established the great fatality of variola during the first year of life; viz., ten times greater than at the period between twenty and thirty; and, moreover, it is even very considerable during the first three months, contrary to an opinion generally entertained, and which has given rise to a false security, in relation to early vaccinations. Observation during the present epidemic shows even more powerfully than on former occasions, the important mitigating power exerted by vaccination in the numerous cases in which smallpox has succeeded it. The report also details various examples of the slighter protection afforded by vaccination when only performed during the imminence of variola. With respect to the treatment of variola, the only new point of interest is the successful employment of phenic acid in large doses by M. Chauffard. M. Besnier has, since this means has been announced, given this substance to all his numerous cases of variola in quantities varying from 25 centi-grammes to  $1\frac{1}{4}$  gramme per diem; and the results have seemed to him decided enough to induce him to still continue the treatment by giving it at an early stage of the disease; and in several cases which appeared as bad as possible, a successful result was obtained. Consecutive abscesses were also observed to be much less common. M. Moissenet

has found great advantage to accrue from adding a litre of Labarraque's liquid to each of the baths he always employs. The patients derive great comfort from the baths, and the horrible odor which accompanies the suppuration disappears.—*Med. Times and Gaz.*, May 7, 1870.

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POSSIBLE DURATION OF PREGNANCY.—In the course of an action for damages for the seduction of a young woman, the question of the possibly protracted duration of gestation was raised. The alleged father had had no access to the mother of the child later than 301 days before its birth, and he naturally disputed his liability. Dr. Tanner deposed that the ordinary period was 270 to 280 days, but might be exceeded by two, three, or even four weeks. He thought there was no inconsistency in the present case (from April 15th to February 9th—that is, 301 days). He had not known any case himself in which the ordinary period had been exceeded by a week, but he had no doubt there were such cases. He had heard of such. Mr. James F. Clarke deposed that there were such cases on record extending over more than 301 days. Sir James Simpson had recorded a case of 301 days. Dr. Barnes deposed that the ordinary period was 271 days. He had known cases of 280 and of 285 days. He thought it very improbable, but did not like to say it was impossible, for gestation to extend over 301 days. It was so improbable that he did not believe it. Dr. Tyler Smith said that the longest period of excess he had known was a fortnight. Dr. Reid—a most accurate observer—had recorded forty-three cases of protraction, the longest of which was 300 days. Dr. Smith considered that case as reliable as any doubtful case could be. The verdict was for the plaintiff—damages, £200.—*Brit. Med. Journal*, March 5, 1870.

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MEDICAL WITNESSES.—In a recent suit in England, Dr. Rumsey, of Cheltenham, while testifying as to the condition of the defendant at a certain time, said, in answer to a question from the attorney, "I am here to give evidence as to facts, not to state opinions." The *Lancet* commends him, and adds: "A subpoena does not require a witness to state opinions. Medical practitioners who are so unfortunate as to be mixed up with the parties to a lawsuit, cannot too well remember that any evidence that they give may, if it so please them, be strictly limited to a narration of facts observed."—*Boston Journal of Chemistry*.

*JH*

THE

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## Original Communications.

### LIGHT—MATERIAL, MENTAL AND MEDICAL—IN THE ORIENT.

By JAS. F. HIBBERD, M. D., Richmond, Ind.

Pennsylvania is coaxing up from the depths of her Appalachian valleys the Petroleum that she sends by great ship loads to the great Levant, and receives in return the tropical fruits, the odorous gums, the appetizing spices or the scant gold of the faded nations who linger on the classic shores of the "greater sea."

The oil from the subterranean reservoirs of the Alleghany serves to trim the lamps of the recluse, peasant or bandit on the slopes of Olympus, Lebanon and Sinai.

Is it not a theme for thought, wonderful and profitable, that America, where civilization is just having its completest development, should send back more than five thousand miles the means to physically light the Orient, where civilization has now faded to a mere glimmer, but where it attained its brilliant zenith thirty centuries ago.

But American enterprise and philanthropy have founded in Syria a source of intellectual light as well as supplied the means for physical illumination; but in this case there is no stimulant of expected dollars to encourage the labor. It is the love of God that excites to the work, and the hope of benefiting some of God's benighted children continues the action, while the sole reward hoped for is success.

An effort was begun, in 1862, by the American Missionaries in Beirut to establish the Syrian Protestant College, and with means obtained principally in the United States, assisted somewhat in

England, the Preparatory Department was opened in 1865, the college itself fairly inaugurated the following year, and the Medical Department established in 1868.

The language of the College, in all its departments is the Arabic, a language used by more than one hundred millions of the human family, and the most popular tongue among the peoples of the earth.

When I visited the college in October 1869, under the courteous patronage of President Bliss, it had already nearly a hundred students, representing seven or eight of the sects of the Arabic-speaking population of the East, but I believe no one professing the Mohametan religion had made application for admission. The doors of the institution are, however, open to Arabs of every faith, or no faith at all, who will answer its requirements and conform to its regulations.

The college attempts no direct proselytism, nor does it teach theology, but imparts a sound academical education under Protestant Evangelical regulations. The course of study requires four years.

The Medical Department has three Professors, viz: C. V. A. Van Dyck, M. D., D. D., Theory and Practice; George E. Post, M. D., Surgery; and John Wortabet, M. D., Anatomy and Physiology. But these professors *spread* themselves so as to cover the whole ground of medical science in the four years attendance required of students.

A preliminary education is necessary for matriculation, viz: "A competent knowledge of Arabic Grammar and Composition; the student must have studied Arithmetic to Decimal Fractions, and the Elements of Geography, History and Natural Philosophy, and either English, French, German or Italian;" and after the present year must pass a satisfactory examination, also, in "Rhetoric of the Arabic Language, in Algebra to the end of simple Equations; in Geometry to the end of the fourth book of Euclid, and in Latin to the first book of Cæsar, de Bello Gallico." The proficiency of the applicant in these branches is ascertained by the examinations of professors. What American college demands as high a preliminary preparation and exacts it?

The Medical College year is divided into a winter session of five months and a summer session of three months, and the course of study is:

FIRST YEAR—*Winter Session*: Chemistry, Systematic Anatomy, Practical Anatomy, Physiology. *Summer Session*: Botany, Regional Anatomy.

SECOND YEAR—*Winter Session*: Systematic Anatomy, Practical

Anatomy, Materia Medica, Practical Pharmacy. *Summer Session*: Clinics, Hospital attendance.

THIRD YEAR—*Winter Session*: Practice of Physic, Surgery, Clinical Medicine, Clinical Surgery, Hospital attendance. *Summer Session*: Obstetrics, Diseases of Women and Children, Hospital attendance.

FOURTH YEAR—*Winter Session*: Practice of Physic, Surgery, Clinical Medicine, Clinical Surgery, Diseases of the Eye, Ear and Skin, Hospital attendance. *Summer Session*: Examination of Students, Conferring Diplomas.

This is a comprehensive curriculum, and the order of instruction is better than the everything-at-once style of teaching so generally in vogue among us.

These Syrian professors have a laborious time, for, besides the ordinary duties of medical teachers, they have to translate text books into Arabic and see to their publication; and, in addition, have much to do, onerously, in fitting up a new establishment under many difficulties.

I have now before me a sheet 24 by 19 inches, with ten lithographic figures, representing the general circulation and that of the more important regions. This was designed, engraved and printed in the college, and would not be discreditable to science or art in any city of the world. Not only do they make or translate books and print them, but they manufacture Arabic type in the institution, and at the time of my visit were filling an order for Arabic type received from the banks of the Euphrates river.

I am apt to believe that this Medical College at Beirut, in making the natives of the Orient into good Arab Doctors, is doing more to benefit the people among whom they labor, than any other means ever instituted; and the self-sacrificing men who have banished themselves from civilization and devote their lives to hard labor for the sake of the good it may bring to others, deserve every encouragement, and should feel the helping hand of their prosperous brethren in the United States. They need assistance in money to erect buildings, to procure apparatus, to prepare a museum, and to do divers other things that will be apparent to the thoughtful mind, without enumeration; and the philanthropic will sow good seed by making them appropriations.

Contributions may be sent direct to the President of the College, Daniel Bliss, D. D., Beirut, Syria, or to its Treasurer, Hon. William E. Dodge, 21 Cliff street, New York, with a declaration that they are intended for the benefit of the Medical Department of the Prot-



estant Syrian College; but nothing in these presents shall be construed to discourage those so disposed from contributing, to the general fund of the same meritorious and needy institution, which may be done through the same channels as above.

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## THE REPAIR OF WOUNDS.

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*Read at the Wayne County Medical Association, July 7, 1870,  
By R. E. HAUGHTON, M. D., Richmond, Ind.*

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### IMMEDIATE UNION.

In examining this question the query is presented, Do surgeons adopt the most effective methods of cure in dressing wounds? The term, "immediate union" is adopted by Dr. McCartney, who seems to have been the first to discover that wounds will be healed without any intervening substance, as blood or plasma, as the bond of union. We use the term, immediate union, in contrast to the term, union by first intention, or adhesive inflammation, as is used commonly by surgeons. John Hunter called this latter process, union by first intention. In examining the history of this subject, we suppose there is some confusion in regard to the use of these terms, and understanding of what they mean. Dr. McCartney says: "The circumstances under which immediate union is effected, are the cases of incised wounds, that admit of being, with safety and propriety, closely and immediately bound up. The blood, if any be shed, on the surfaces of the wound, is thus pressed out, and divided blood vessels and nerves are brought into perfect contact, and union is made complete, as no intermediate substance exists, in a wound so healed, and no mark or cicatrix is left to indicate the place of injury."

This is not only true of small or trivial incisions, but under favorable circumstances, large wounds are thus healed. Paget says "that the divided parts being placed in exact contact, simply conjoin or reunite, no blood or new material is placed between them as a connecting bond, and no sign of inflammation is present." Such cases are found in incisions made in the skin and sub-cutaneous structures, as in scalp wounds, or in operations for removing the mammary gland, or any of the fatty tumors upon the surface of the body.

To secure "immediate union," which Paget says is the best imaginable process of healing, "two conditions are necessary. First, ex-

actness of co-aptation of the cut surfaces; and, secondly, the absence of inflammatory processes." Paget says again, "there is a class of cases to which the mode by immediate union is peculiarly applicable." In cases where large cavities are left to granulate. "In these cases I believe that modern surgery does not often enough employ the older method of carefully and softly padding the parts, and so bandaging the surfaces that they may be held in perfect contact for two or three days, necessary for immediate union." In amputations and resections, should the rule of treatment by immediate union be adopted, or should we adopt the rule laid down in the report on Military Surgery, by Drs. V. Mott, Post, Parker and others, in this language: "In the after treatment of amputations and resections, it is good practice to leave the wounds open to heal by granulation." When we consider the dangers arising in hospital practice from erysipelas, hospital gangrene, osteo-myelitis, etc., even then it may be doubted whether a rule of treatment, as here laid down, should be adopted, as the very fact of exposure of such wounds as are mentioned, to an atmosphere reeking with disease and waiting for some form or degree of inflammation to be set up, would induce the very conditions to be dreaded. If primary union is the quickest and shortest method of cure, then all efforts of the surgeon should be directed to securing the conditions upon which it depends, as I doubt not it would be good surgery in any case which would shorten suffering and render it more easily borne, while it must exist, and also prevent possible and probable dangers from entering into the history of the case, during its progress towards cure.

"The doctrine of immediate union (says Prof. Gross) has been and is now prominently taught in all the British schools of surgery,"—*and ought to be, if not, in our own* (Writer). Yet Prof. Gross doubts the correctness of Paget's observations upon his own cases, given in proof of immediate union, and proceeds to say: "I am satisfied that it is impossible for any wound, however situated, induced or treated to heal by immediate union, or without the intervention of inflammation and effusion of lymph." After thus declaring the impossibility, in the language just quoted, of such union, he goes on to say that such a case *might exist*, and defines the conditions under which such union is possible. For instance, "one of the hand, the edges carefully approximated after the receipt of the injury, thus affording vessels, and other structures, an opportunity of promptly regaining their natural relations." Here Professor Gross, (our venerable teacher of Surgery) admits all that the advocates of immediate union claim, that such union will occur, and the reason that it does not

occur more frequently, is because surgeons do not believe it will occur, and do not use the means and secure the conditions upon which it depends. Of course, we must expect failure in any and every effort at success, if we do not use the conditions necessary for it. Yet my own observation proves to me that many surgeons do not distinguish the two modes which we are considering, and if "immediate union" be spoken of, they understand the union by first intention, or "adhesive inflammation." "Immediate union," as taught by Hunter and McCartney, is not the process known in modern surgery as "union by first intention," which Hunter called "union by adhesion," or adhesive "inflammation." The doctrine of "immediate union" assumes that two cut or raw surfaces, laid closely and evenly together, will promptly unite, vessel with vessel, fibre with fibre, nerve with nerve, until complete union occurs, and leaving no mark or trace of injury. This immediate union was named "union by first intention," and does not mean the same process in modern surgery, known by the same name, and is probably the cause of the confusion which has attained in distinguishing the conditions in the minds of some surgeons of to day. Plasma is the material of repair, in wounds which unite by the interposition of new material, which becomes organized, assumes the characters of living tissue, unites with the parts between which it is imposed, and becomes vascular. This is "union by first intention," as it is known to-day, yet is not what Hunter called "union by first intention," but "union by adhesion," and is effected by the organization of lymph, interposed between two closely approximated wounded surface. The union which he regarded as "union by first intention," is the "immediate union" of other writers, and which we think ought to be more clearly and fully recognized in the treatment of wounds at the present day, yet, perhaps, may be regarded as a theory long since exploded. While we recognize several modes of union, we find that the repair of subcutaneous wounds is effected by immediate union, and the material which forms the bond of union between the divided parts, becomes organized without the *necessary* process of "adhesive inflammation," as it is now regarded. Upon this fact, the whole practice of subcutaneous surgery is based, and yet afterwards practically ignored as a principle. Hunter laid down the principles upon which these methods turn, and practically demonstrated that the reason inflammation seldom occurs, in parts subcutaneously divided, is because they are not exposed to air, it being entirely excluded; while those from which air was not, or could not be excluded, must heal by another process, viz: "adhesive inflammation," unless by

immediate approximation and exclusion of air from the wound, you secured immediate union. This principle is recognized to-day, in many ways, as in simple and compound fractures, subcutaneous injuries no inflammation, but repair. In incised wounds, which will unite by "immediate union," there is no material interposed, as the close and early adjustment of the surfaces forces out all the fluid plasma which, *later*, becomes coagulated, and thus the surfaces unite by being held so closely in contact that air does not exert any influence upon the surfaces and fluids; and thus union is obtained. The contact of the air, or the oxygen of the air, exerts some influence upon the tissues and fluids, and we find Chelius, by South says "that the fluid poured out *plastic* or *coagulable* lymph, differs in composition under different circumstances. The thicker part of this exudation not unfrequently unites adjacent parts; vessels are continued or prolonged into this interstitial substance, and adhesion is effected."

Laurence says. "An objection has been taken to the employment of the term, 'inflammation,' in reference to the process by which a recent wound is united, for, in fact, under favorable circumstances, we find the union will take place without the occurrence of any great amount of vascular disturbance of the part. Often you will not be able to notice any swelling, redness, heat or pain, nor any of the circumstances which are considered necessary to establish the presence of inflammation. In fact," he continues, "if those circumstances occur, that is, if inflammation takes place in the part recognized by the circumstances which we observe as characterizing it, the "union by adhesion," that is "quick union," (*Chelius*) "immediate union." (*Paget*) "union by adhesion," (*Hunter*) is disturbed and affected. The occurrence, therefore, of inflammation, in its obvious and distinctly recognizable character, interferes with and prevents the accomplishment of adhesion." Why does it interfere?

*First.* That in any wound, if inflammation does occur, "immediate union" *cannot occur*, and often union by first intention *will not occur* for this very efficient reason, that there occurs a *perversion* of the *vital action*, which always belongs to and attends the inflammatory act. In this perversion of the vital action consists all the difference in the success attending the treatment of wounds.

To state the difference more explicitly: In a wound which is made to unite by quick or immediate union, there is simply a division of tissue, vessels and nerves, and the *plasma* or *liquor sanguinis*, without change as it comes from the vessels, and which was carrying on the nutrition, becomes the *bond of union*—the *blood*—the coagulable portion being absorbed, if remaining, and union effected without any

increased activity of the vessels. If, however, the blood which is poured out be carefully removed, and the wound neatly and carefully adjusted, no more hemorrhage occurs, but the plasma unites the wound, as this is the material which is supplied to the tissue for its growth, formation, etc., nutritively speaking. In such cases there is lesion of function and lesion of nutrition, at least temporarily; yet by care we restore the lesion of both function and nutrition, and no inflammation is induced. Now, if there is a failure to secure these restorations, and by the continuance of these lesions, inflammation is set up, which necessitates a cure by "union by first intention," or by "second intention" or "granulation."

I suppose no one would expect a gland cell, *inflamed*, to perform function; an inflamed eye to perform its function of clear vision; an inflamed muscle or joint to discharge its function, the conclusion is, therefore, that inflammation produces changes in the cellular elements, altering or perverting them from their destined use, and preventing the regular or normal nutrition from proceeding. The difference, then, in the two processes of repair, viz., immediate union, and union by first intention or adhesive inflammation, is, that in the first the normal condition or function is restored, or may be restored, without the occurrence of any symptoms of inflammation. The second, occurring by a process of inflammation, prolonging the process and causing a change in the molecular elements, and deposits of new materials, often in excess, which is simply *exudation*, and for all purposes, scientific or otherwise, represents the difference between normal nutrition and its function *impaired*, and the same processes arrested long enough to produce it, viz: *exudation*.

#### UNION BY FIRST INTENTION.

"Union by Adhesion"—*Hunter*. "Primary Adhesion"—*Paget*.

Having examined the repair of wounds by "quick union" or "union immediate," and drawn the line as concisely as possible, I will examine the second mode somewhat briefly, and shall first show that Hunter was more nearly correct than his successors have been. He says: "Where the former bond of union"—that is a union by blood or "by first intention," by which he means, "immediate union"—"is lost in a part to produce another union, a second operation takes place, viz: inflammation." Here, in a few words, he draws the line of demarcation between the two processes we are considering concisely, and the difference is *inflammation*. He says further: "If the divided parts are allowed to remain till the mouths



of the divided vessels are entirely shut, inflammation will inevitably follow, and will furnish the same materials for union which are contained in extravasated blood, by throwing out coagulable lymph, so that union may still take place, though much later, after the division of the parts." This is the adhesive inflammation as described by Hunter. And Mr. Palmer remarks upon this doctrine: "That it is now considered that 'union by the first intention' and 'adhesive inflammation' are essentially the same processes, modified by the amount or degree of inflammation." Tissues divided, are then united, in this second process under consideration, by exudation and organization of "plastic" or "coagulable lymph." Here, then, enters the error we have to encounter in the consideration of this subject—error of opinion—which obtains to this hour, and is, the prevalent opinion to-day, viz: "That coagulable lymph being only known as a product of inflammation, it followed, that inflammation must be necessary for the healing of *every wound*, and when this became the *sentiment*, no distinction has since been made practically between 'union by first intention,' which means 'immediate union' without inflammation, and adhesive inflammation or 'union by adhesion.'" The union by this latter process, when inflammation has occurred, is by plastic lymph, and this is developed by cell proliferation, and development till the lymph becomes organized, and vessels are found to be extended into it containing blood, and often in a very few hours, by a process called "*channeling*," and the same process for vessels takes place, whether in the lymph cells, or in another form of repair, in granulation cells.

[TO BE CONTINUED.]

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## RELAPSING FEVER.

ABSTRACT OF A PAPER READ BEFORE THE INDIANA STATE MEDICAL SOCIETY.

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By **L. D. WATERMAN, M. D.,** of Indianapolis.

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Relapsing Fever has occurred as an epidemic in parts of England, Germany and the United States, and is now extensively prevailing in London, New York and Philadelphia. Having recently seen many cases in the two latter cities, I have gathered the following as the salient features of this disease which is generally regarded as a new type of fever.

There is generally little or no warning of the attack, until a chill occurs, accompanied by intense aching of the head, back, muscles and joints; with tenderness of the muscles, especially those of the calves of the legs. This latter symptom is the most pathognomonic and persistent of the disease, even continuing to some degree during the intermission.

The pulse—full, bounding and rapid—ranges, during the pyrexia, from 100 to 120, or even 150. During the apyrexia it falls even below normal.

The temperature ranges from  $102^{\circ}$  to  $104^{\circ}.5'$  during the pyrexia or fever stage, and falls below normal in the apyrexia.

The urine is of high specific gravity, even 1025 or higher, with lithic acid and lithates.

The tongue may be dry, moist or pasty.

The bowels are generally constipated, exceptionally loose.

The mind is clear, although disturbed by the fever.

The face is pale, although flushed by the fever, and continues anæmic during the apyrexial stage.

The respiration is in proportion to the pulse.

The spleen is usually enlarged and tender, remaining so during the intermission, and so found after death.

The liver is frequently enlarged and tender, often continues so during the apyrexia, and is often so found after death. Jaundice occurs about once in seven cases. Nausea is not constant, but bilious vomiting occasionally occurs.

The lungs are rarely involved, pneumonia but rarely occurring even in cases of repeated relapse.

No other pathological appearances of importance are found.

There is no constant specific eruption.

There is copious perspiration at the termination of the pyrexia.

There is not necessarily a relapse, but when it occurs first it is usually about the 14th day from the accession. Relapses may occur as often as four times.

Apyrexia usually begins the 5th or 7th day, but may occur on the 2d, or not until the 12th day. The fall of temperature at this stage is less abrupt than its rise at the accession.

The apyrexia is characterized usually by nearly uniform temperature, lower than natural, with morning declension and evening elevation. There is apparent convalescence, appetite, clean tongue, regular pulse, moist skin, cheerfulness, regular alvine evacuations, and copious urine, with or without lithic acid and albumen, which

latter are frequently present during the febrile stage, and even some days after apyrexia occurs.

Suddenly the temperature, after a slight chill, mounts up from  $97^{\circ}$  to  $100^{\circ}$  or  $104^{\circ}$  in one day, and the apyrexia ends in fever that continues from three to five days.

The highest daily temperature is generally from 5 to 7 P. M.

The highest temperature of the attack is generally just before the crisis, at which it may descend  $10^{\circ}$  in 10 hours.

During the pyrexia the first sound of the heart is usually protracted to an indistinct bruit, as in anæmia, and there is sleeplessness.

The first signs of attack come usually in the evening; of relapse about midnight.

This disease is infectious within a limited area.

The predisposing causes are destitution and mental depression. Age, sex, and season seem to have no causative influence.

Youth and good constitution favor recovery.

The mortality is from 2 to 5 per cent.

There is no specific treatment; it should be eliminating, supporting and tonic. Saline laxatives and mineral acids are used beneficially. Quinine does not act beneficially as an antiperiodic. The disease occurs where malaria is unknown, is contagious, has none of the intestinal lesions of typhoid, nor the eruption of typhus; and does not protect from typhus.

Convalescence is usually very slow.

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## CASE OF IMPERFORATE HYMEN.

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By W. W. SLAUGHTER, M. D., of Newburgh, Ind.

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Miss M. S., aged 17 years, sanguine temperament, had suffered greatly at her menstrual periods with acute pain in the pelvis and loins, which grew less tolerable at every recurrence. I was called to see her on the 9th inst. Upon examination found a smooth fluctuating tumor projecting slightly between the external labiæ, which I conjectured to be an imperforate hymen, and endeavored to break with my finger; failing in which, I next tried the point of a silver catheter, but the resistance was such that I did not succeed; I then opened it with a bistoury—after first evacuating the bladder, which was considerably distended—when there was immediately dis-

charged, as near as I could judge, about three pints of non-coagulable blood or menstrual fluid, having a cadaverous sickening odor. The relief was instantaneous and complete.

The remarkable feature in this case is that the patient had, without any vicarious discharge, retained a tolerable degree of health, and performed labor regularly between her menstrual periods for the two years previous, always, of course, suffering severely for a few days during the menstrual epoch. The patient is now in perfect health.

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## Editorial.

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### MEDICAL EDITORS, MEDICAL LITERATURE, ORIGINAL MATTER AND CASES.

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When the American Medical Association convened in New Orleans last year, an association of Editors of Medical Journals was formed for the purpose of combining in some movement for foreign exchanges and correspondence, as well as for the general elevation of Medical periodical literature.

The second meeting was held in Washington, D. C., in May last, at which meeting the reports show little or nothing as having been accomplished, and the committees were granted another year for work. In the report, of which we have received proof slips, the address of the President, Prof. N. S. Davis, of Chicago, gives an interesting history of medical journalism in America, and some most excellent advice in relation to the best method of conducting medical periodicals.

Undoubtedly there is great need of reform in this matter, and that many medical journals are simply clippings from other journals, with a few original articles, badly written, and some cases badly reported, the advertising matter frequently inappropriate, and dead so far as the good of the advertisers is concerned.

Dr. Davis holds that the standard editorials are too low, and lack usefulness, and, he might have added, "sense."

A more thorough system of book reviews is cordially recommended, whereby the work in question may be presented in miniature to the subscriber, enabling him to purchase or not, as he may deem satisfactory to his wants.

So far as original articles are concerned, a medical editor has too

little field for choice, as some of the most respectable practitioners and most estimable men, write occasionally very indifferent articles, when judged from a scientific or literary stand point. Yet they must "go in," or perhaps ruin the circulation of the journal among the large circle of friends and admirers of the writer.

As to reports of cases, perhaps more objection might be raised from the fact, that besides the habitual carelessness in which they are presented, being pointless and often bewildering the reader in his search for facts, the kind of cases reported are either those that are remarkable, or thought to be so by the writer, and, as a rule, are those that recover. Now, a man may report a case of hepatic abscess, and its recovery. Such cases are not frequent, and recovery not the rule; but how much more instruction would be conveyed by the paper if the writer had taken the trouble to look up and tabulate a large number of cases of a similar kind, with the treatment and results in various countries; or if death was the result, how beneficial would be the report of a careful post mortem examination, giving all the data scientifically and correctly recorded details.

The only trouble is, that doctors think to do all this would take too much labor, which no medical journal would pay for; but such is not the case: it pays the worker in giving him a rich reward of skill, exactness, increased knowledge, that money could not buy, besides bestowing a great fund of information upon his brother practitioners.

Doctors, as a rule, are too backward about reporting fatal cases, a matter, perhaps, more neglected and more important than any other in medical writing. Hospitals and almshouses give their dead list, but doctors shrink from making public the symptoms, treatment and appearances in fatal cases.

When an error in diagnosis occurs, which is revealed by death, would not the same or some other practitioner avoid a similar mistake in a like case, if the matter were candidly stated.

We know of some most curious cases, where members have been amputated for non-malignant diseases—where dropsy has been "cut at" for ovarian tumor—where heart disease was treated for dyspepsia, and indigestion for phthisis, etc.

Now all are liable to err, and doctors above all others, so masked are the subjects which come under their observation; then why try to hide from brother practitioners the rock on which any one may strike and be shamefully wrecked! Why not manfully hang out a light of warning! Medical journalism needs a larger number of correctly reported errors, blunders and fatal cases. We have already



too many recoveries reported of the most serious diseases, and in those recoveries there is scarcely a single fact which would tell how or why the patient did not die.

Another reason that so few original articles are to be found in the majority of the journals published outside the medical centers of our country is, that so many of the most talented men either contribute their articles to foreign periodicals, or hide their light under a bushel, and rest satisfied with reading what others have done; a mingling of pride and modesty which robs the smaller journals of much useful work, and takes from the home of the writer a fame and local benefit which adds little to him abroad, but might do great good in his own vicinity.

The scorn of local journals, which rankles in the breasts of some honest practitioners, is not to be admired. Look at the numerous and well patronized periodicals which are published in the various small towns and cities of Continental Europe, in which some of the most valuable papers and remarkable discoveries have first appeared, from the pens of the most distinguished writers.

There is not a state in this Union but could ably support a Medical journal, which would bring more popularity and as much reputation to the writers as their contributions to larger journals a thousand miles from home.

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### HEALTH OFFICERS.

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Taking it for granted that we are the most intelligent nation under the sun, and that we are up to and far in advance of the slow "Old World," as some make boast, yet we must acknowledge that in our civilization we are the most reckless people known, in the expenditure of human life. It is undoubtedly true that in the New England towns good laws are in force, which cause a correct register of births, marriages, deaths, etc., to be kept, with wholesome provisions for abating nuisances and preserving the public health. Proper officers are appointed, who inspect prisons, hospitals, factories, slaughter houses, highways and by-ways: and these officers not only have power to inspect, but to cause anything calculated to destroy the health of the people to be removed, changed or abated. But our Western Cities, of the second class, and down to small villages, are subjected to a hundred causes of dangerous disease, which might be removed if properly authorized health officers were appointed.

Indianapolis, boasting of a population of 70,600, surrounded on all sides with slaughter houses, soap, candle and other factories, tanneries and mills, sluggish streams that are used as filth depositories, interspersed with numerous filthy duck ponds, that are the common receptacles of dead cats, dogs, etc., does not boast of a single enforced sanitary law, nor one active health officer; and such we understand to be the rule in all the smaller cities and towns in the State, perhaps, excepting Richmond, where the terrible scourge of Cholera, two years ago, taught them that it was better to keep clean and pay for it, than to die of dirt-produced epidemics.

It is in the hands of physicians more than others to bring these matters before the proper persons. When town and city officials begin to understand that cattle and pigs, being bred and fed in thickly populated places, undrained ponds and filthy slaughter-houses, dirty factories, etc., may cause disease which perchance may not spare their official heads or families, they will be willing to expend some means and energy upon this subject. A city or town with but few natural attractions, well guarded in its sanitary points, will build up more rapidly, and be more attractive, than if it possessed a gold mine and pestilence in common.

Let us ever remember that the noblest work of the true physician is to prevent disease. It is only the quack and the mountebank who delights in the calamity of an unhealthy people.

There is one great error too often committed by town and city authorities, and that is in expecting that physicians can attend public charities and look after the public health with all the system and regularity of well paid officials—all for the mere reputation of the thing; a kind of remuneration which gives no bread. Why not let the same authorities render their services upon the same terms.

Another absurdity is manifest in appointing a board of health and not giving them authority to do anything. We may be mistaken in applying this to the State at large, but know it to be the case at the capital.

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A. PATTON, M. D., of Vincennes, Ind., favored us with an excellent article, published in our last number, upon hydrate of chloral in treatment of cerebro-spinal meningitis. As it was published, many typographical errors appeared. To those who noticed them let us say that the printer and proof reader are to blame, for Dr. Patton's MS. was plainly written and correctly spelled.

The doctor can have this consolation, that in the numerous abstracts from his paper which have been made by our exchanges, the errors have been omitted.

THE CITY HOSPITAL has been undergoing various changes. The Board of Directors reorganized, and appointed a new Superintendent. As the matter stands now, Dr. F. S. Newcomer is President, *vice* Dr. J. M. Kitchen, resigned.

*Vice President*—Dr. D. H. Oliver.

*Trustees*—Dr. J. M. Gaston, Dr. H. G. Snider. Messrs. Glazier, Jameson, Perkins, Cowen, Dr. Johnson.

The Staff of the institution for the coming year is as follows:

*Superintendent*—Dr. Evan Hadley.

*Assistant Superintendent*—Robert Craighead.

*Consulting Physician*—Dr. G. W. Mears.

*Consulting Surgeon*—Dr. J. S. Athon.

*Physicians*—R. N. Todd, T. B. Harvey, D. H. Oliver, A. W. Davis.

*Surgeons*—L. D. Waterman, J. A. Cominger, J. K. Bigelow, G. V. Woolen.

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THE INDIANA STATE DENTAL ASSOCIATION has just closed a most interesting and largely attended meeting.

The hall of the Indiana Medical College was filled with semi-surgical brethren, and they talked in a manner that would convince any hearer that they met for business, and understood how to transact it.

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THE INDIANA MEDICAL COLLEGE has just received a large collection of specimens and illustrations from Europe; these, with the laboratory and chemical apparatus, gives the college as complete an outfit, for purposes of instruction, as any in our country.

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By the kindness of Mr. Henry Hannaman, druggist of this city, we were shown some crystals said to be "Rochelle Salt," made from Catawba wine, by E. S. Wayne, of the firm of F. E. Suire & Co., Cincinnati.

They were large and remarkably clear, and to all appearance fine. We presume such fine specimens are more a matter of curiosity than use, for surely in these days of "drug adulteration," it does not "pay" to sell such pure articles for general consumption.

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We notice by the salutatory in the July number of that excellent periodical, the *Medical and Surgical Journal*, Boston, that its former editor, Dr. Luther Parks, has retired, and his place now occupied by Francis Brown, M. D. We have no reason to doubt that the status of the *Journal* will be maintained. H. H. A. Beach, M. D., is still assistant editor.

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THE INDIANAPOLIS ACADEMY OF MEDICINE has adjourned to meet the first Tuesday in September.

## Proceedings of Societies.

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The regular quarterly meeting of the Wayne County Medical Society was held at Dr. Haughton's office, in Richmond, Ind., on the 7th inst. About thirteen members were present, and the meeting was a lively and interesting occasion.

Dr. Kersey presented a report on Epidemics, stating that only one disease of that character had come under his observation during the past year, namely, an epidemic of influenza.

Dr. Haughton read a report on "New Diseases and New Remedies," in which hydrate of chloral, carbolic acid, gelsemium sempervirens, and various other remedial agents (not omitting the calabar bean) were discussed.

In the afternoon a very suggestive paper was presented by Dr. Commons, which the readers of the *Indiana Journal of Medicine* will probably have the pleasure of reading. The essay mentions a number of cases tending to show that the tubercular diathesis may be generated in an individual perfectly sound by long cohabitation with a husband or wife laboring under tuberculosis; and on the other hand, that repeated impregnation by a healthy man may keep the diathesis in abeyance in a female strongly predisposed to phthisis. The Doctor also believes that by the influence of some mysterious physical cause, two parents perfectly sound may beget children who shall be carried off by consumption as surely as vegetation is blasted by the hot winds of the desert. Two healthy organisms may produce a diseased one, just as two chemical elements, perfectly innocuous, may unite to form a deadly poison.

Voluntary papers were also presented to the Society as follows:

1. One by Dr. Hibberd on "Flannel Shirts in Summer Time," in which the Doctor maintained, in his usual racy style, that it is folly and nonsense to swelter and perspire, and catch dirt, by wrapping ourselves in flannel when the thermometer is from 90° to 100° in the shade.
2. One by Dr. Weist, on "Local Depletion in certain forms of Uterine Trouble."
3. One by Dr. Haughton, on "The Union of Wounds," in which he advocates the doctrine that there is such a thing as "immediate union," distinct from "union by the first intention" or "adhesive inflammation."

Lively and animated discussions were carried on in reference to the papers presented; and although jokes were severe and sarcasm rather pointed, yet the best of feeling prevailed.

The Wayne County Medical Society has been organized several years, and has become widely known as a body of earnest working physicians. I send herewith a list of the names of its present members. The officers at present are Dr. Clark, President; Dr. Weist, Secretary; Drs. Hadley, Waring and Bradley, Censors. Without intending to make invidious distinctions, I may say that to this Society belongs Dr. Vierling Kersey, widely known as one of the lights of the profession in Indiana; Dr. James F. Hibberd, the great traveller, the ready talker, the racy writer, and the excellent presiding officer, who one year ago narrowly escaped being made president of the American Medical Association; and Dr. Joel Pennington, a venerable practitioner and probably one of the best obstetricians in the State. Among those who are particularly fond of surgery I may mention Dr. Elias Fisher, the only member of the Society, I think, who has performed the operation of lithotomy—a pupil of Dr. Dudley, and, like him, having almost unlimited confidence in the *roller bandage properly applied in nearly every case of fracture*; Dr. Richard E. Haughton, a skillful operator and a frequent contributor to the medical journals; Dr. J. R. Weist, whose industrious pen gave the State Society a most valuable paper, in 1867, on “Foreign Bodies in Air Passages,” as well as the prize essay in 1868 on “Cerebro Spinal Meningitis, and who is every year becoming more extensively known as a rising man; and Drs. Boyd, Bradbury, Hadley, Hobbs, McIntyre and Walker, with many other members of the Society not so well known to the writer, who would not shrink from performing any ordinary surgical operation.

Allow me to say, in conclusion, that I have written the above on my own responsibility and without the knowledge or consent of any of the parties whose names I have mentioned.

DOUGAN CLARK, M. D.

*Richmond, Ind., 7th mo., 8th, 1870.*

#### MEMBERS OF WAYNE COUNTY MEDICAL SOCIETY.

Bell J. M., Dublin.  
Boyd S. S., Dublin.  
Bradbury A. B., Milton.  
Bunnell R. W., Greensfork.  
Clark D., Richmond.

Kersey V., Richmond.  
Lamb R. F., Cambridge City.  
McIntyre J. H., Richmond.  
Pennington J., Milton.  
Richard Fred., Richmond.



Courtney T. T., Whitewater.  
 Ferris A. B., New Paris, Ohio.  
 Fisher Elias, Richmond.  
 Hadley Edwin, Richmond.  
 Haughton R. E., Richmond.  
 Hibberd James F., Richmond.  
 Hobbs M. W., Richmond.  
 Johnson L. R., Cambridge City.  
 Johnson N., Cambridge City.

Robbins J. Q. A., Abington.  
 Sweney T. F., Milton.  
 Taylor T. W., New Garden.  
 Tennis I., Richmond.  
 Test E., Richmond.  
 Waring W. P., Richmond.  
 Walker I. C., Richmond.  
 Weist J. R., Richmond.

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## Abstracts from Foreign Journals.

Translated by Guido Bell, M. D.

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Dr. Stein, of Bayreuth, publishes in the *Deutsches Archiv für klin Med.*, a case of abdominal puncture in tympanites. He cites cases of Gietl, Fonssagrives, Oppolzer, Schuh and Streubel, to prove its value as a saving, at least a relieving remedy. In cases where a post mortem section was made, only slight traces marked the punctures. No bad consequences followed, but always a great relief. The puncture is to be made by a thin trocar.—*Revue Therap.*

Death by chloroform prevented by electricity—a case reported by Danzel, of Hamburg.

After the principle spoken of by Bernard, "every substance destroying the organic propriety in high doses is an excitant in small doses." Mr. Almes recommends a solution of Hydrarg muriat. corrosiv (1 to 2 milligr=0.015 to 0.03 grains per day) for three to four weeks, in convulsions and cerebral affections.—*Ibidem.*

The *Liguria Medica* mentions a new method of direct compression of the delivering womb. It is the method of Crede, of Leipsic, and a long time in use among Germans. One hand on the perineum, the other on the abdomen, the arms of the fœtus are not loosened save periculum in mora. After the delivery, the hand on the abdomen excites after pains by rubbing, and presses downwards and the after birth is extracted within five minutes. The Italian doctor overlooks the main profit, saying one can draw the umbilical cord. Said method will prevent irregular contractions of the womb.

In cases of confluent small pox, carbolic acid (of the crystallized five to fifteen grains to four ounces of water) is given with the greatest benefit, especially in the secondary fever of the suppuration.—*Chauffard Revue Therap.*

The *Gazette Med. Italiana* records a case of cancer cured by the application of gastric juice externally, but an erysipelas coincided. It seems to us more probable that the erysipelas might have had the curative effect. In Pitha and Billroth's surgery, Volkman mentions two cases of this kind, and cites the observations of Sabatier, W. Bush and Legrand on erysipelas.

The *Gazette Ital. Lombard.* brings up another case of an erectile tumor cured by gastric juice, and the *Bulletin de Therap.* one of a syphilitic ulcer, after other treatment had failed.

Against accidents by chloroform, ice is to be introduced into the rectum.—*Revue Therap.*

Carbolic acid (one grain to seven ounces of water, with some whisky) is highly recommended, in periodical fevers, by several Austrian and Italian practitioners.—*Ibidem.*

A case of tetanus cured by chloroform—the patient, 57 years of age, inhaled air, much loaded with chloroform, for twenty-two days.—*Ibidem.*

In a desperate case of asthma, carbonic acid gas was used with the greatest benefit—600 quarts in 36 hours.—*Ibidem.*

In the Spanish journal, *Siglo Medico*, an infusion of mustard is recommended in hiccough. A Spanish physician suffered very much from hiccough and, after having failed with antispasmodics, he ordered his wife to prepare an infusion of linseed; but she erroneously took mustard meal. The doctor drank a cup of the tisane and was much surprised by the disappearing and never returning cough.

Three other successful cases are mentioned in the *Siglo*, and one in the *Gazette Med. Chirurg. de Toulouse*. The dose is a spoonful of mustard to four of boiling water.

## Reviews.

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**OXYGEN GAS AS A REMEDY IN DISEASE.** By Andrew Smith, M. D. Pamphlet. Pp. 56. D. Appleton & Co., N. Y., 1870. 2d edition.

This essay, which took the prize at the last meeting of the Alumni Association of the College of Physicians and Surgeons, of New York, has been published at the request of the New York Oxygen Gas Co. We think the Company has performed a good act in publishing the essay, but we must say that this work, though small, which has required so many years of patient toil and careful experimentation as Dr. Smith has expended in studying and preparing his subject, should and does merit a more substantial binding than it has received. Dr. Smith does not claim this to be a new or an original subject; but he certainly has re-opened an old path in the treatment of diseases, enlarging and extending it, and there are many who will not be slow to follow.

The first chapter of this little work is devoted to the history of the employment of oxygen gas as a therapeutic agent.

In chapter second is considered the modes of preparation—a mixture of chlorate of potassa and peroxide of manganese heated in an instrument designed by the author being the method preferred—and administration—a quantity of the gas to be inhaled from a rubber bag or receiver, without any complicated system of valves.

The third chapter demonstrates by experiment the fact that animals can live in an atmosphere of pure oxygen, and also the physiological action of the gas under consideration.

The use of oxygen in diseases involving defective respiration, such as asthma, pulmonary emphysema, croup, diphtheria, pneumonia, capillary bronchitis, dyspnoea from cardiac disease, poisoning with opium, charcoal gas, chloroform, chloral, cholera, occupy chapter four.

Chapter five treats of the use of oxygen in diseases involving defective nutrition, phthisis, dyspepsia, diabetes, albuminuria, rheumatism, gout, uræmia, neuralgia, paralysis, and epilepsy.

Chapter six considers oxygen in its application to surgery in curing ulcers, pyæmia, etc.

Of the foregoing, Dr. Smith says in chapter seven, under the head of "Concluding Observations:" "Only those points have been brought forward which seem to be sustained by sufficient testimony

to entitle them to serious consideration." If this be so, and we have no reason to doubt its being true, it is the duty of every physician in general practice to study and experiment with this remedy. To perform the first of these duties, he can do no better than obtain Dr. Smith's pamphlet.

C. E. W.

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THE NATIONAL MEDICAL JOURNAL. Edited by C. C. Cox, M. D., LL. D., Washington.

This Journal made its appearance in April, and we have seen but the first number; judging from this one, we would pronounce it the handsomest quarterly in America.

It contains 128 pages; is printed on the clearest of type, and on the finest paper; the engravings are well executed, and the articles are from the best writers—with all, we would pronounce it a first-class medical journal, which will do honor to both editor and publisher.

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THE NORTHWESTERN MEDICAL AND SURGICAL JOURNAL. Alexander J. Stone, M. D., Editor, St. Paul Minn.

We have received the first number of this new Journal. Although small, it is gotten up in excellent style, and is filled with articles of more than ordinary merit. One thing in particular attracts our attention, and that is that Dr. Stone is so modest that he nowhere mentions the price of subscription. Is it free, Doctor? If so, we can send you over five thousand subscribers.

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NASHVILLE JOURNAL OF MEDICINE AND SURGERY. W. K. Bowling M. D., and W. L. Nichol, M. D., Editors. Paul F. Eve, M. D., and W. T. Briggs, M. D., Associate Editors.

This is number 1 of volume xxviii, and is much enlarged and improved. With such a distinguished corps of editors, it cannot fail to win an enviable place among medical periodicals.

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## Miscellaneous.

### ON THE USE OF SAMBUCUS CANADENSIS IN ALBUMINURIA.

CASE II.—May 1, 1867. Was called to see Lillie S., aged seven years, who had always enjoyed good health, and was free from any

hereditary taint of gout or scrofula. She had never had scarlet fever. Her mother stated that for weeks past she had noticed Lillie's limbs to have been swollen. Her face was quite puffy, and pitted on pressure. She complained of a rheumatic feeling in her limbs; was quite pale; appetite not bad; bowels constipated; urine scanty and high-colored.

Prescribed a saline cathartic, and the use of cream of tartar and juniper-berry tea.

11th. Symptoms all aggravated. Ordered:

<i>R.</i> Spts. æth. nit.	-	-	-	-	-	-	fluid ounce.
Syr. scillæ; ant. et potass. tart.	-	-	-	-	-	-	2 grains.
Pulv. gambogiæ,	-	-	-	-	-	-	8 grains.

S.—A teaspoonful every three hours.

14th. No improvement. Continued treatment with the use of acetate of potassa several times daily.

17th. Cutaneous surface distended to its utmost extent; urine more smoky, and showing more traces of blood than heretofore; largely albuminous. Treatment, so far, quite unavailing. Gave an unfavorable prognosis, and requested consultation.

21st. Met Dr. Benson, of Miami, in consultation, who recommended, in addition to the articles used, creasote and Lugol's solution, which afforded no relief. At midnight I was sent for in great haste, as the girl had violent spasms. Her mother stated that she had been stupid for several hours. Found her laboring under uræmic coma and convulsions. The latter were almost incessant; pulse about 140. Pupils of the eyes could not be seen, so great was the œdema of the lids; breathing short and rapid. There seemed to me to be considerable hydrothorax and œdema of the lungs. Recovery seemed hopeless, but acting on the principle that "while there is life there is hope," I determined to place the patient in a hot bath immediately, and to give ipecac and tartar emetic to procure prompt emesis. The spasms were soon relieved by these measures, and by morning I had the satisfaction of finding that the coma had disappeared.

23d. At my request, Dr. M. W. Hall, met me in consultation. He advised the following combination of diuretics:

<i>R.</i> Potass. bitart.	-	-	-	-	-	-	1½ ounces.
Potass. nitrat.	-	-	-	-	-	-	½ ounce.
Pulv. scillæ maritim.	-	-	-	-	-	-	2 drachms.
Pulv. digitalis	-	-	-	-	-	-	30 grains.
Ant. et. potass. tart.	-	-	-	-	-	-	2 grains.



M. S. A teaspoonful of the powder four or five times daily. He also mentioned the cure of Mrs. S. by the use of hard cider and elder bark, and thought it might be worth while to give it a trial, remarking that he doubted benefit being obtained in this case by any remedies; in which opinion I fully concurred. However, I was like a drowning man grasping a straw. I had the bark and hard cider immediately obtained, and I saw that it was regularly administered.

26th. Albumen in urine diminished; less sediment and less appearances of blood in the urine; abdomen not quite so large. Continued treatment.

29th. The amount of albumen in urine remarkably diminished; dropsical condition rapidly subsiding.

June 1. Increased the amount of hard cider and elder bark, and diminished the potash prescription. The albumen in urine still decreasing.

14th. Could detect scarcely any albumen in urine. Changed the prescription to tinct. ferri chlor. and quinia, and continued the hard cider and elder bark. In a week or ten days more, all medication was discontinued. Lillie S. has not been sick since.—*Jour. Materia Medica, June, 1870.*

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ON THE ACTION OF CHLORAL IN THE TREATMENT OF THE INSANE.—John B. Tuke, M. D., in the *Lancet* of March 26th, gives his experience with the hydrate of chloral in the treatment of insanity.

He selected four cases—first, a case of chronic alcoholism, characterized by acute mania; second and third, two cases of asthenic insanity, both symptomatized by melancholy; and fourth, a case of climacteric insanity, characterized by melancholy.

In order to be able to test most fully the action of the medicine, these four patients were placed under special observation for three days previous to its administration; accurate notes were taken of the temperature, pulse, respiration and general condition, twice a day, and also the state of the urine as to quantity and quality. For the next four days half drachm doses of chloral hydrate were administered at 10 A. M. and 9 P. M., and observations taken at 11 A. M., 2.30 P. M. and 10 P. M. On the next three days none of the medicine was given, observations being still continued. Then, for four days more, half drachm doses were given as before—morning and evening. Subsequently, half drachm doses were administered at night, for a few nights, and then entirely discontinued.

Without giving even a short detail of each case, it suffices to state that the Doctor claims a well marked improvement in the four cases. He professes to have used chloral very frequently in chronic cases of insanity in which violent bursts of excitement occur, and invariably with good results. He says that the insomnia of climacteric melancholy is much relieved by a half drachm to a two scruple dose at bed time, and that the advantages of chloral over all other hypnotics with which he is acquainted are—

1. That it is more uniformly certain in its action.
2. That it has no depressing influence.
3. That it does not cause constipation.
4. That it does not produce nausea.
5. That its effects are lasting.

The Doctor believes it to be the most valuable means of procuring sleep which has yet been introduced in the pharmacopœia of the asylum physician. The only difficulty he finds is to ascertain the exact dose for each case, which may be obviated by beginning with half drachm doses, and increasing them by ten grains until the limit is found.

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FAULTY NUTRITION.—\* \* \* This brings us to inquire, how may we assist the portal circulation, and hence the function of nutrition, by medicinal agents?

The influence of occasional mercurial laxatives in the cases under consideration is still more useful and important. After “the report of the Edinburg Committee on the Action of Mercury,” etc., we cannot ascribe to this medicine any effect of increasing the secretions of bile. But while the experience of ages proclaims the *utility* of the remedy, it surely should not be abandoned simply because its *mode* of action is unknown. Mercury in sufficient doses to act as a laxative (it has been shown by the committee) diminishes the biliary secretion by “draining the portal blood from which the bile is almost entirely formed.” But why may it not do good in this way, as we have formerly supposed it to do by increasing the biliary secretion? Is it not as likely that digestion and nutrition may be impaired by an *excess* of bile as well as by a scarcity of it? At any rate, the fact remains—if I may be permitted to add the testimony of my own experience to that of hundreds already recorded—that in cases of chronic debility from torpor of the liver and other digestive organs; in constipation and melancholia; especially in amenorrhœa dependent upon anæmia and chlorosis, as well as in incipient tubercular

disease, no course of treatment is attended with more decided benefit than an *occasional* laxative of blue pill.

The celebrated Abernethy, of London, one of the most successful practitioners of his day, particularly in the treatment of *chronic* diseases—and it is in these cases especially that we can do little but sustain nutrition while Nature effects the cure—won his reputation and achieved his success almost upon a single prescription, which he prescribed for nearly everything.

This consisted of a pill containing three grains of Blue Mass, not taken every two or three hours, so as to “induce salivation and deteriorate the general health,” but only about every three nights at bed time, so as to afford an occasional stimulus, to the sluggish circulation in the portal blood vessels; thus securing a more thorough digestion and absorption of food, and hence a more exalted nutrition, from whence the cure seemed to follow as a natural consequence.

The great secret of success in this alterative method of medication, for such we may call it, is: 1st, not to push the medicine too rapidly; and, 2d, to preserve with it a sufficient length of time, taking the precaution to inform the patient that his recovery cannot be otherwise than gradual. Should there be no improvement, or but little, after taking two pills weekly for a month, which will seldom happen, this should not lead us to abandon the remedy or despair of final success. Eventually, in most cases, the tongue will clean; the appetite, digestion and assimilation of food will improve, the vital powers of the system become more vigorous, until finally the despondent patient learns to “laugh and grow fat,” when further medication may be dispensed with. The various tonics, such as bark, iron and cod-liver oil, even when associated with beef tea, milk, and other easily digestible aliments, will hardly lead to any good result, while the circulation of the blood through the liver and other digestive viscera is torpid.

While, therefore, we cannot make a *feeble* man exercise vigorously, and in *this* way keep the abdominal walls and diaphragm in proper action; while we cannot make a *melancholy* man laugh, sing, or enter with spirit into the pleasures of social converse; and while it is equally impracticable to place him on a stool of repentance, with instructions to sit there and pass a given length of time in a succession of yawns, there appears to be no better way of imparting a new impetus to the stagnating current in the portal blood vessels than by the occasional administration of mild emetics and mercurial laxatives in the manner described above. I am fully persuaded that I have

succeeded in re establishing a depraved nutrition by this course of treatment, especially in cases of incipient tubercular disease, in cases of melancholia with dyspepsia, and in amenorrhœa associated with chlorosis, when other plans of medication had entirely failed.

When the patient is so far restored as to be able to return to the *natural* means—previously stated—of keeping up the activity of the portal circulation, any medicine will be of course superfluous.—*Dr. King in N. O. Jour. of Medicine, April, 1870.*

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REVACCINATION AS A SAFE-GUARD AGAINST SMALL-POX.—We have heard a good deal about small-pox of late, and many persons have probably been deterred from visiting Paris by the reports from that city. It seems to us that people have not taken a proper estimate of the protective value of revaccination. Let us take records of our own army (the average strength of which is something under 200,000) for five years ending 1868. Our troops are distributed all over the world. They are found to be at Japan, where small-pox is endemic; in Bengal, where it often prevails as an epidemic; and in the United Kingdom, where, as in 1864, it is only exceptionally very prevalent. The English army is consequently exposed to greater risks of contagion than a similar number of civilians. During the five years we find that there have been altogether 970 admissions and 87 deaths from small-pox; or, in other words, only about one soldier in a thousand was attacked, and less than one in ten thousand died of that disease. In the English army, for more than ten years, it has been the practice to vaccinate or revaccinate every recruit on enlistment, without exception; and the care that has been taken to carry out this practice of revaccination has, if anything, increased of late years. At High Wycombe no person that had been revaccinated was attacked with small-pox, and the experience at other places and during other epidemics has been very monotonously to the same effect. It is surprising that sensible people should in the face of the facts like these, give any heed to the mischievous outcry of those who ignorantly oppose the practice of vaccination.—*Lancet*.

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UNSUSPECTED SOURCES OF INFECTION.—Now that infectious diseases are somewhat prevalent it is worth while to notice some of the unsuspected channels by which infection may be conveyed. Woolen goods, from their peculiar texture, are very liable to catch and retain organic particles floating in the atmosphere of a close, ill ventilated, room. Much of the work performed by tailors is done elsewhere than at the shops where the cloth is purchased and cut out for garments, and it is not at all unlikely that it finds its way to some close little room in a dirty court. A city surgeon assures us that he has often seen the best work being made up in the same room where



cases of scarlatina, measles, &c., are present. Such diseases may be propagated also by means of linen washed and got up by laundresses living in crowded courts and alleys, where the proper conveniences for washing and drying do not exist. It is said to be a practice common among domestic servants who are allowed "washing money" to send their things where they can be done at a cheap rate. They are, therefore, often only imperfectly scoured, and afterwards hung up to dry in rooms occupied by families; and clean linen may in this way introduce into a household something less appreciable to the senses, but far more dangerous, than what is euphemistically termed a "Norfolk Howard."

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VACCINATION.—As a means of roughly expressing an estimate of the efficacy of vaccination, it is often asserted, and with truth, that it is as protective against small-pox as a previous attack of that disease is against the recurrence of it. The practice of inoculation for small-pox was, as every one knows, superseded by that of vaccination; and we are not without the means of estimating the relative value of the two. Since the opening of the Royal Military Asylum in 1803, up to December, 1851, 1950 boys were recorded as having marks of small-pox, and 3824 marks of vaccination. Out of 39 attacked with small-pox, 12 already bore the marks of that disease, and 27 those of vaccination. Only four deaths occurred, and it is remarkable that these were all from secondary small-pox, not one having occurred among the vaccinated. Our readers may refer to the official report of the General Board of Health on Vaccination in 1857 for a more detailed statement of the facts connected with the Royal Military Asylum; but the above information will be interesting to many at the present time.

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RECIPE FOR BURNS.—Dip a cotton cloth in a saturated solution of alum (four ozs. in a quart of hot water), and apply immediately on the burn. As soon as it becomes hot or dry, replace it by another, and continue doing so as often as the cloth dries, which at first will be every few minutes. The pain will immediately cease; and after twenty-four hours of the treatment, the burn will be healed, especially if commenced before blisters are formed. The astringent and drying qualities of the alum will entirely prevent their formation. The deepest burns, such as those caused by boiling water, drops of melted metal, phosphorus, gunpowder, fulminating powder, etc., all have been cured by this specific.—*Chicago Medical Journal*.

ACID DYSPEPSIA OF INFANTS.—Eustace Smith, M. D., (*American Journal of Obstetrics*), in an interesting article on "Acid Dyspepsia of Infants," says that calomel in doses of  $\frac{1}{8}$  to  $\frac{1}{6}$  grain, laid dry on the infant's tongue, is perhaps the one which is the most generally successful; but chief reliance should be placed on a careful diet, and on stimulating and hot applications, so as to promote the circulation, and encourage the free action of the skin.—*Med. Gazette*.

MAMMARY ABSCESS.—Dr. Stewart, Ill., treats mammary abscess as follows:

"As soon as its probable location is discovered, apply to it the compound iodine ointment of the U. S. Dispensatory, with the addition of forty (40) grs. of powdered camphor to each oz.; spread this ointment on a cloth and apply over the indurated portion of the breast, and cover with another cloth, well saturated with tincture of camphor. The ointment should not be strong enough at first to affect the cuticle, which in some ladies is very sensitive; continue to nurse that breast, and re-apply the dressings as fast as they get dry. There is generally a chill, followed by considerable fever, which should be promptly checked. For this purpose I have found gelseminin reliable in 1-16 to  $\frac{1}{8}$  gr. granule every hour until it produces its effects; and where the symptoms demand it, the same quantity of alcoholic ext. of aconite. In combination gelseminin relieves the early symptoms of any fever peculiar to the puerperal state. It controls the secretion of milk, equalizes the circulation, and prevents local inflammation. The treatment of mammary abscess must be such as will soonest result in a discharge of the pus. Warm poultices and the knife will do this, but will not always cure the case. The incision may close too soon, or may not be at the right place to allow all the matter to escape; frequently the whole gland becomes involved, and one abscess after another occurs, apparently without a remedy. In these cases iodine will be found useful in preventing a second abscess. The whole gland should be enveloped in iodine ointment, except immediately over the part undergoing suppuration. To *that* portion the poultice should be limited until the abscess is ready for the knife. The iodine relieves the painful tension by cutting off the supply of milk, and the material from which to make a future abscess; thus, by restricting the amount of suppuration, and affording escape at the proper time and place, we save much suffering, and secure the breast for future use. Diet carefully; keep the pulse down—the bowels open; apply the ointment freely; keep the nipple from getting sore, and the excision from closing too soon.—*Med. and Surg. Reporter*, April 2, 1870.

## Chemical and Scientific.

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*A New Test for Nitric Acid.*—Sulphate of aniline is stated to be a surprisingly delicate test for nitric acid.

About a cubic centimetre of pure concentrated sulphuric acid (sp. gr. 2.84) is placed in a watch-glass; half a cub. centimetre of a solution sulphate of aniline (formed by adding ten drops of commercial aniline to 50 c. c., of diluted sulphuric acid in the proportion of 1 to 6) is poured on, drop by drop; a glass tube is moistened with the liquid to be tested and moved circularly in the watch-glass. By blowing on the acid during the gentle agitation, when a trace of nitric acid is present circular striæ are developed of a very intense red color, tinting the liquid rose. With more than a trace of nitric acid the color becomes carmine, passing to brownish red. This process serves to detect the presence of nitric or nitrous acid in the sulphuric acid of commerce. It will also reveal the presence of nitrates in water.

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*A New Test for Albumen.*—Dr. C. Meymott Sidney, lecturer on chemistry at the London Hospital, has noted that a mixture of equal volumes of acetic and carbolic acid is a far more delicate test for the presence of albumen than any other method that has been proposed. In using this test with urine it is necessary to shake the test tube, as some opacity is produced by the mere admixture of fluid, which, however, disappears on agitation.—*Brit. Med. Jour.* April 9, 1870.

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*Prevention of Iron Rust.*—Dr. Calvert, a fortnight ago, communicated to the Chemical Society some very useful information on the rusting of iron. Rust is mainly sesquioxyd of iron, and it has always been supposed that the active agents in producing it are moisture and oxygen. It seems, however, from Dr. Calvert's experiments, that carbonic acid must be associated with these to produce any considerable amount of oxydation. In dry oxygen, iron does not rust at all; in moist oxygen, but little and seldom; but in a mixture of moist carbonic acid and oxygen, iron and steel rust very rapidly. In like manner, a piece of bright iron placed in water saturated with oxygen rusts very little; but if carbonic acid is

present as well, oxydation goes on so fast that a dark precipitate is produced in a very short time. Curiously enough, bright iron placed in a solution of caustic or carbonated alkali does not rust at all. These facts show that the points to be attended to in the preservation of iron from rust are the exclusion of carbonic acid and moisture, two indications which may be very easily fulfilled.

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*Test for Impurities in Alcohol.*—The use of impure alcohol for the solution of aniline dyes has a marked effect on the colors. If empyreumatic oil is present, much of the brilliancy is destroyed, and the presence of aldehyde has a still more prejudicial effect, one quarter per cent. being sufficient to decolorize the violet dye in a marked degree. A simple test for ascertaining the purity of the alcohol is to put some in a test tube with a little piece of caustic potash, when, if impure, the alcohol will become more or less yellow. Another test is to make two solutions of the color of the same strength (1 in 50), one with alcohol of known purity, and the other with the suspected alcohol, and then compare the intensity and shade of the solutions.

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*Simple Process for detecting Strychnia.*—The *American Journal of Pharmacy* gives a process for this purpose, proposed by a Prussian chemist. It consists in saturating the suspected substance with ammonia, and allowing it to dry spontaneously; then heating it with a little amylic alcohol, after which adding a few drops of this liquid to sulphuric acid and bichromate of potash, when, if strychnia be present in substance, the well-known coloration characteristic of alkaloid will be obtained.

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#### MARRIED.

At the residence of the bride's father, on Thursday, May 26, 1870, by Rev. John A. Maxwell, JOHN F. SPENCER, M. D., of Butlerville, Ind., to Miss ALBINA E. SMITH, of Guilford, Ind.

T H E

# INDIANA JOURNAL OF MEDICINE.

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## ORIGINAL COMMUNICATIONS.

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### THE CONTAGION OF PHTHISIS.

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**Read before the Wayne County Medical Society, July 7th, 1870, by WILLIAM COMMONS, M. D., of Bradford, O., and published by request of the Society.**

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Having but recently re-read an article on "Prophylaxis of Pulmonary Phthisis," by M. Villemin, published in *Ranking's Abstract of the Medical Sciences*, for July, 1868, and taken from the *Gazette Hebdomadaire*, No. 10, 1868, in which the author advances the theory that consumption can be communicated by personal contact, as from patient to nurse, by fomites and by the various means that disseminate ordinary contagion, I will endeavor to examine the doctrine by the light of my own experience. In doing this I will present a few brief notes of cases of acquired phthisis that have come under my own observation.

Mrs. S. married to her second husband, and aged seventy when my professional acquaintance with her began; belonged to a family remarkably free from pulmonary diseases. My personal acquaintance is with three brothers and a sister, and in no one of them is there the slightest disposition to phthisis; and her family history has been carefully traced through three or four generations of ancestors, and in no instance has consumption been present. In short, I will record her case as absolutely free from hereditary taint. In early life she was married to Mr. T., to whom consumption had been transmitted from ancestry, until it had become as much a part of his constitution as the color of his hair or the complexion of his skin. His father and mother, grandfathers and grandmothers, uncles and



aunts, all died of pulmonary disease, except such ones of them as were carried off before the tuberculosis became developed. He and two brothers died of consumption at about the age of forty-five years. A sister—the only one—now lives, and but a few days ago was hale and hearty at the age of seventy-eight. A careful examination of the family history of the above cases shows them to be free from scrofula, and from personal knowledge of the three brothers I can record them as vigorous and strong men, capable of great physical endurance, and of almost uniform good health, until the age above mentioned, when the constitutional disease developed and carried them off with the certainty of fate.

The above marriage was productive of thirteen children, all of whom died of consumption at ages ranging from eighteen to thirty-five years—the last one dying in October, 1869, at the age of thirty-four.

I was first consulted by Mrs. S. in November, 1868, and pronounced her case one of incipient phthisis. In the course of the winter the disease became more fully developed, and in the spring of 1869 she removed to another locality, whereby I lost the regular observation of her case; retaining enough, however, to know that she gradually became worse through summer and autumn and died in December.

Setting this case down as one of acquired consumption, are we to conclude, with M. Villemin, that she contracted the disease from nursing consumptives? I think not. And in dissenting from the teaching of the author above named, I will say that the recorded facts, so far as they have come to my knowledge, do not warrant a belief in his doctrine. Furthermore, in this particular case, she was not the most attentive nurse; and others, who were exposed far more than she, have escaped. The source of her contagion becomes clear, however, when we remember her thirteen pregnancies, and every time with a consumptive fœtus, and when we remember, also, how firmly tuberculosis had become implanted in the constitution of her husband. In advancing this idea I do not presume I am putting forth anything particularly new, though I do not now remember of having read in authors of such a source of disease as regards consumption. Constitutional syphilis can be thus communicated; and in case of inferior animals, the parent of one offspring not unfrequently impresses his peculiarities upon the subsequent offspring by another male. And in the human female we frequently find children by a second marriage bearing marked resemblance to the former husband. Then if such physical traits are impressed upon the

mother through fœtation, and they can be transferred to offspring in no other way, we are safe in concluding that constitutional disease can, in like manner, be imparted. If a single pregnancy is sufficient to impress the peculiarities of the male parent upon the female, and we have abundant evidence that it is, surely thirteen such pregnancies would be enough to make her "bone of his bone and flesh of his flesh." But in the case now under consideration, a strong frame and vigorous constitution held the disease in abeyance until old age and consequent weakening of the vital forces, when it became developed and soon had its effect.

The two brothers mentioned above married sisters, in whose family the absence of phthisis had been as remarkable as its presence had been in theirs. My present acquaintance is with four generations, and while the progeny is numerous, in no instance is consumption known to be present, nor can the "oldest inhabitant" remember an instance of its presence with any of the ancestors. Both of these marriages produced children, and both husbands and wives died of consumption, leaving a consumptive progeny that promises to soon become extinct.

A brother of the two women last mentioned married a sister of their husbands, and in this case we find the converse of the foregoing three; a woman, in whose family we can say, without great violence to language, consumption had always been present in every member, married to a man in whose family, to use a similar expression, consumption had never been present. Not only was he free from hereditary taint, but linked with a strong frame was a nature decidedly positive, both physical and mental. This union, like each of the others, was productive of a number of children, both parents now living at a ripe old age. In the three cases first cited we find three women, by nature strong and free from disease, receiving consumption from their husbands through the marital contact. In this case we have a woman, by nature phthisical, cohabiting for sixty years with a sound man, bearing him numerous children, and at the age of seventy-eight free from consumption—a single exception in her family for generations past. As the others received from their husbands the germ of death, she has received from her husband the germ of life. With each pregnancy she received an antagonism of her diathesis, until it was completely mastered. Frequent maternity has been her physical salvation.

It is not my purpose to theorize upon the foregoing cases, but rather to state the facts as I have observed them. I regard it as a sound principle that one well observed fact is worth more than a

world of theory, and I doubt not that many cases, such as are here cited, could be placed on record by gentlemen of the Society if they would but review their experience and collect all things bearing upon the history of their consumptive patients. The conclusion, then, is, that of the cases here recorded, the first three—naturally healthy women—being often impregnated by phthisical husbands, received from that source consumption; while the fourth, born with consumption in her nature, being mated with a sound man, received from the same source, by the same means, an antagonism to the disease, which has carried her thirty years beyond the lifetime of any other member of her family, and to an age at which we can feel safe in saying that she will never have consumption. In order to duly appreciate the grounds of this conclusion, we need but recall our knowledge of the intimate relation which exists between the mother and her unborn child. That during nine months of growth and development *in utero*, the foetal debris is eliminated through the system of the mother; and if the foetus is unhealthy, the mother will become contaminated. If the woman conceive with a child in which the germ of consumption is planted, she may thereby receive a phthisical diathesis. Now the converse of this is also true, and if a woman in whom a tendency to consumption is innate, conceive with a sound foetus, she receives from that source an antagonism to her consumptive tendency, which often repeated will master her diathesis and save her from consumption.

In connection with the above, I will here record my observations of two cases of another disease more terrible than consumption, because more loathsome and more malignant. About the first of April, 1861, my preceptor was consulted by Mr. N., a strong, healthy farmer, concerning a small tumor which had recently made its appearance on the perinaeum. The diagnosis was *cancer*, although, by the most careful scrutiny, no hereditary or local cause could be found. After twelve months' absence in the army, I again saw Mr. N., in May, 1862, with his condition much the same as a year before. The tumor had grown somewhat, but though subject to some inconvenience, he was still able to be about and do much farm labor. Other surgeons had been consulted, and the original diagnosis confirmed. Indeed, the disease now became well marked and made more rapid progress, so that by the spring of 1863 he was incapacitated for business, and racked by all the multiplied horrors of scirrhus. I saw Mr. N. no more until January, 1865, but frequently heard that he suffered less and was about again. At the time mentioned, while enjoying a short season at home, I saw him again, and for the last

time. His tumor had grown steadily and with less rapidity. His suffering was less than it had been two years before. He had less of the cancerous expression, and was more cheerful and contented, though having no hope of recovery. From now until the close I only heard from him occasionally, and knew nothing more of his case than that it progressed slowly and steadily, and carried him off in the spring of 1867, about six years from the beginning. This case is well known to a few gentlemen of the Society, who observed it near the close, and who were allowed a *post mortem*. I believe there is no doubt that the disease was confirmed cancer, but it is cited here only to introduce the next case.

I met Mrs. N., the widow, in October, 1867, for the first time in nearly three years. Having known her intimately from my earliest recollection, and having a tolerably extensive acquaintance with her family, I knew her to be of sound constitution and without hereditary disposition to disease of any kind, nor had I learned that she was not enjoying her usual good health. I was, however, at once struck with her peculiarly anxious expression of countenance and tawny hue, which indicate cancer. She had been a faithful nurse, in daily and nightly attendance upon her sick husband during the whole term of his long affliction. Sometime in the year 1865 she became pregnant, and shortly afterward noticed a small lump in her left breast. It was a mere kernel and soon forgotten. About the close of her pregnancy she was reminded of its presence by occasional twinges of sharp, lancinating pain, and she now observed that the tumor had grown somewhat; was as large as a filbert; of same color as the surrounding parts, and the site of occasional sharp, stinging pains. She observed but little, if any, change from this time until July, 1867, when about the time of weaning her child the tumor began to grow, became more painful and soon proved to be genuine scirrhus. She now solicited medical advice, and removal was recommended. This was determined upon; but wishing to make some domestic arrangements she deferred the time, and in a little while the cancer had made such progress that an operation was advised against. The disease advanced rapidly, and terminated her life in the spring of 1868, after a winter of more suffering than I had ever witnessed before or have witnessed since.

No comment is offered on these two cases; but they are cited as instances of acquired cancer. The first is referred to a class of cases which will be mentioned further along in this essay; the second is cited as a case of scirrhus received from her husband through pregnancy.



I became acquainted with Mr. R. in September, 1867. He had always been stout and robust until six months before. He now, at the age of twenty-four, had consumption, with symptoms so plain that no doubt could be admitted. An elder sister had died of the disease, and a brother, two years his senior, was now nearing his end with phthisis, and finally died about Christmas. I instituted strict inquiry into the family history, in which effort I was assisted by Mr. R., with strict honesty and more than ordinary intelligence. No case of consumption could be found among the ancestors. The family are a long lived people, and, so far as we could learn, entirely free from pulmonary diseases. In the particular case under consideration, the father and mother are yet living—both remarkably healthy and at an age bordering on sixty. I have recently found a collateral branch of the family—a cousin of the father's—into which consumption was introduced through marriage, but from which no taint could reach the children of this pair. So far, then, as concerns the ancestors of Mr. R., I do not hesitate to say that they are as free from phthisical diathesis as any people in the land.

My association with this patient was quite intimate during the winter. He grew rapidly worse, and in the spring, though hardly able to travel, he resolved to give up business and go to Minnesota, hoping to be benefitted by change of climate. He did not reach his destination, but died in Michigan City, Ind., the first of May, 1869. In attending his funeral I became acquainted with a brother two years his junior. Until six weeks previous this brother had been a strong, muscular man, weighing one hundred and eighty pounds. At that time he began to cough and lose flesh. He at once gave up business and began traveling, but without benefit, for consumption gained on him apace, and he died in the following October. A brother and sister are yet living, both under the age of twenty and apparently in the best of health, but I do not believe either of them will attain to the age of twenty-five years.

From my earliest remembrance I have been acquainted with the families of Mr. and Mrs. G. My acquaintance has been with their brothers and sisters, their parents and grand-parents, their uncles and aunts, and a vast retinue of cousins, and not in a single instance has there been phthisis. Their union was productive of five children—three girls and two boys. The oldest, a daughter, married young, and has borne children. The second daughter died of consumption when about twenty years old, followed by the older son at about the same age; then the third daughter, and finally the younger son died at about the age of eighteen; all died of consumption.



The oldest daughter, now Mrs. C., is living and enjoys as good health as ordinary women. Her husband is of a family in which consumption has not been present.

Here, then, we have two instances of the children of healthy parents dying of consumption, with such certainty as to leave no doubt of its being a family taint. But how is it that parents, themselves sound and of sound stock, will impart to their children a tendency to disease? And here I will confess that I am far more interested than I am satisfied. It is a problem I cannot solve, yet the facts are so plain that they cannot be denied, and I wish that some of our wise professors of temperaments would fathom the mystery. There are strange things within the scope of science. Two waves on water may meet in such a way as to form a smooth surface; two winds meeting may cause a calm; two sounds may produce silence; blend two colors and they will form a hue different from both, while in chemistry the instances are many where agents, themselves harmless or salutary, will combine to form poison. The explanation of the physiological anomalies cited above must be sought in some subtle movement of the physiological forces, analogous to the phenomena we meet in many branches of general science. I know of no rule by which we can judge of the probabilities of such anomalies occurring. In the first of the above cases the parents are stout and robust, of German descent and temperament, described by our knowing ones as "nervous-bilious," if we are capable of understanding what that means. I would call their temperament *vital*, because the vital functions are all well performed; and I know of no old people more healthy than they, but in giving origin to children, they have given them consumption with their birth. In the case of Mr. and Mrs. G. they are as opposite by nature as two persons can well be, yet their union has been equally unfortunate for their offspring. As two elements in chemistry, of themselves harmless, may combine and form poison, so two healthy natures have combined to form poison in the constitutions of their progeny.

## REPAIR OF WOUNDS BY GRANULATION.

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Read at the Wayne County Medical Association, July 7, 1870, by R. E. HAUGHTON, M. D., of Richmond, Ind.

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[Continued from August Number.]

As this part of the subject involves the consideration of pus and its formation, we briefly refer to the points presented in the first paper, in which we considered, first, "Immediate Union;" secondly, "Union by Adhesion, or Primary Adhesion," and we refer to the two subjects passed in consideration for the purpose of introducing the statement of Paget. Speaking of this union by primary adhesion he says: "It is less desirable than the immediate union; first, because it is not so speedy; secondly, it is not so close, and a scar is always formed by the organization of new matter; and thirdly, the formation of lymph or exudation cells, is a process so indefinitely separated from that of the formation of granulation and pus cells that union by primary adhesion, or "union by first intention," is much more likely to pass into suppuration than any process in which no lymph is formed."

Taking all cases of repair, which are to be effected by granulation, it is only necessary that they be left open, exposed to air or imperfectly approximated, and granulations soon appear. The exposure of fresh wounds to the air, after the bleeding ceases, produces an appearance called "glazing," which is the result of a deposit of serous looking fluid forming a film, and examined by a microscope is found to contain large quantities of the white corpuscles. But the process in an open wound is, that the vessels which furnished blood are obstructed, and this film of white corpuscles is found "glazing" over the surface. Now, for an indefinite time, there is an apparent inaction—a calm resting upon the whole process, varying from three to ten days, more or less, as circumstances may influence. This time of inaction, probably, is not one of inactivity, as the character of the injury and the patient's constitution are to exercise now the influence which gives direction and energy to the cure, or, on the contrary, may retard it. After this period of repose is passed by, before any change can be effected, blood must circulate in increasing quantity, and this must be effected by enlargement of the vessels, and perhaps, also, as we have before intimated by multiplication, in the injured part. By what influence, now, is increase of blood and vessels effected? The composition and constitution of this part undergoes alterations which changes the relations to other and adjacent

structures, whether blood vessels or other structures, and thus the inflamed part may attract to itself and absorb a larger quantity of matter than usual, and transform it according to the circumstances which modify or control vital action in the parts.

Virchow says: "Every form of inflammation begins from the moment that increased absorption of matters into the tissue takes place and further transformation of such material thus furnished commences." Thus in the granulation process of repair a fresh supply of blood occurs, carried to the part by the vessels as it is in the process of normal nutrition, and the material thus supplied undergoes transformation, and granulation corpuscles are the materials of nutrition in a transition stage. If the pus corpuscle is the same identically as the colorless corpuscle of the blood, then we are not to consider the formation of pus as a retrograde change, unless it is proved that in all cases of pus formation the pus corpuscle comes from the vessel, which will not be maintained. Granulations appear in all suppurating wounds, on serous membranes, in abscesses, in fistula, and are produced by the simultaneous formation of areolar or connective tissue vessels; pus, from a solid, or commonly fluid, exudation material, and this change in the material, called formerly blastema, is properly a "cytogenesis," by which vessels are made from cells, as it is distinctly observed that in new formations vessels begin in cells, and vessels are developed afterward out of these cells.

There are three theories of the epigenesis of vessels. 1. "That new vessels are of independent origin, and that the vessels, as well as the blood they contain, spring up in a blastema, according to the general laws of 'cytogenesis.'"

2. "That the corpuscles of the blood, escaping from the vessels, channel a way through the exudation material, and by a chain of cells, which eventually communicate, form the walls of vessels."

2. "That the walls of the old vessels are forced into diversions, which, by the propulsive force, still increase till vessels are formed."

Thus we have the history of cells and vessels, and this is the history of the organization of exudation material; and when we have the pus cell produced, we must have what is called the retrograde metamorphosis of tissue, material which is a transition state from a material capable of organization to one of lower vitality, and incapable of being vitalized. That granulations may be formed and grow, and vessels be formed in them, it is necessary that blood be carried by neighboring vessels; and while the process tends to the protection and consideration of the individual parts, yet, in its

essence, it is morbid. It is a continuation of the processes of inflammation; and as it progresses, the formation of cellular elements, which are retrograde in the form of pus, lessens the force of the activity of the circulation, or, in other words, the blood flows more slowly, which is the contrary condition to what occurs when inflammation is first begun. If we look for a moment at the termination of the process, we find upon mucous surfaces, as I have seen, ulcerative or granular inflammations gradually closing up—the delicate epithelium slowly covering over the open granulations, and thus the corpuseles, which were granulation corpuseles, becoming epithelium corpuseles, and the reparative action going on from day to day. So also in the connective tissue and in the cuticle, where the granulation cells, as the work is completed, leave a hard cicatrix of white or fibrous tissue, seemingly changed in their action; one, while producing connective tissue cells, in another epithelial cells, in another case white fibrous tissue, which is found in the cicatrix of the skin, though it is produced alike in all organs. Hence we conclude that there is a selective appropriation of material, which is formed into dissimilar tissues from the same material furnished in the blood, and we have satisfactory evidence that in place of a single tissue being produced in this history, we may have many, and the doctrine of a “*continuous development* of tissues, one out of or from another.” As these formations go on, contraction of the tissues is also induced, and the formation of pus becomes less and less till it entirely disappears, and the repair of injured structure is complete.

But what is the morphological element called pus? It is an histolite element, and not histogenetic. It is a cell element, with many differences in the form and properties of its corpuseles, and may be considered under two divisions, viz: genuine or laudable pus, and spurious or false pus. Genuine or true pus is that which is yielded by healthy looking wounds, healing by suppuration. Its characteristics are a thick, creamy, opaque, homogeneous fluid. It has a yellow, and sometimes a white or greenish hue, with a specific gravity of 1030 to .33. The pus corpuscle is invisible to the eye, and it can only begin to distinguish them by a magnifying power of 50 to 100: but to ascertain with any accuracy their properties and structure, they should be examined with a power of 500 diameters. The cell is generally spherical, sometimes irregularly oval, having many deviations as they depart from the normal form.

Having gone thus far in the history of the pus cell, we come to the question, for a moment, What is the origin of the pus cell?—a question more readily asked than answered, yet something has been done

in the settlement of this very interesting question. What is the evidence? Prof. Stricker, professor of Experimental Pathology at the University of Vienna, says: "It is a proved fact, that in the beginning of the inflammatory process, troops of the colorless corpuscles leave the vessels and spread themselves about in the tissues." The question, then, whether pus corpuscles originate from the blood, needs no more to be propounded. It must, however, be asked, From what other sources does pus originate? To this question various answers have been given. We should remark here that the very essence of inflammation has been thought to exist in the escape of the colorless corpuscle from the blood vessel. Stricker says, in reference to this assumption, "The new current of opinion has given us only the doctrine of suppuration, and forced upon us the following alternative, viz: We must either return to the old views allowing the inflammatory process to have terminated with the action of vessels, and cease to talk any more of the inflammation of the non-vascular tissues, or we must not do so, but place the chemical idea, according to which suppuration is a consequence of inflammation, upside down, and derive inflammation from suppuration." This view of Stricker's presents the absurdity of the present aspect of the question, while it still is true, as a *clinical fact*, the world over, that suppuration, which means pus formation, is always a result of inflammation.

We should also remark here that the *discovery* of the migration of colorless corpuscles from the vessels was due to Waller, in 1846; and Addison, as shown by Waldenburgh in his history of the "Doctrine of Tubercle," long ago taught the same view.

But to return to the question which must now be clear to any mind, that in any inflammation we may have pus corpuscles from different sources; and we must, in the study of this question, determine the sources from which it is derived. As we have before stated, we find that lymph, under unfavorable influences, some of which were mentioned, as persistence of inflammation, exposure to air, defects of vital force, and others, which are known to exercise directly unfavorable influences, will undergo degeneration, affecting unfavorably its fibrinous and corpuscular portions or elements. When these elements are thus affected, and the fluid is found to contain pus corpuscles in the various deviations we have just described as occurring in them, such fluid is pus, or is undergoing the changes for such development. Exudation lymph undergoes the transformation into pus; and here it may be objected that pus corpuscles, in such lymph, are the white corpuscles of the blood which escaped



from the vessels as part of the exudation or "exudation corpuscles." For instance, to prove that pus corpuscles are originated from various other sources than the white corpuscle in the tissues outside of vessels. If we watch an abscess we find at one time a circumscribed, hard, solid swelling, and painful. A little later the solid mass is fluid, and with no increase of bulk. What is the explanation. The hardness, which is circumscribed, is due to lymph; the lymph has undergone conversion into pus, and the swelling subsides. If it be true that the exudation contained the *white* corpuscle, and it be identical with the pus corpuscle, why the delay of hours, or even many days, before pus is manifested to us in softening, etc.? The conclusion is manifest that this pus is a transformation of lymph.

Again, in the suppuration of a granulating wound, the granulation cells are convertible into pus cells; the most superficial cells, being exposed, are thrown off in the form of pus; the deeper ones are converted into filaments, (muscle cells or mucous cells, as the structure may be,) and yet these filament cells, in their earlier history, are not and cannot be distinguished from pus cells. Paget gives a case of amputation to illustrate this fact. "Amputation through the thigh was performed when all the parts were infiltrated with lymph, effused in connection with acute traumatic inflammation of the knee joint. The next day pus flowed freely from the wound. In amputation through healthy tissues, pus does not appear for several days." How, then, is the pus produced in this case? The answer is again, by the conversion of the inflammatory lymph before thrown out into pus.

We come back, then, to the original question of "immediate union" and "union by adhesion or granulation." So far as the material of repair is concerned, as it relates to pus, we have the exact parallel in the matter or material in the inflammatory and reparative processes, or between the material for repair by granulations and the material of exudation in the earlier conditions of the inflammatory act. Lymph is transformed into pus, pus is discharged, the inflammation subsides, repair is begun, granulations spring up, and pus is produced from granulation cells, which cells are most superficial, while the deeper, larger granulation cells are deposited as new tissue material, to partake of the characters of the tissue in which the process of repair is going on. Hence we may, upon mucous surfaces, have pus corpuscles. In the epithelial surface we have epithelial cells gradually bridging over abrasions of surface, (properly ulcerations, sometimes called "erosions,") which were clearly manifest to touch or sight. Yet in this process of repair we had epithelial

pus cells thrown off, yet while in existence, covering over the surface, and protecting the granulation cells, which ultimately became tissue. Why, then, are some of these cells thrown off and lost in the form of pus, and others passed through a vitalizing process, and became part of the tissue, requiring the reparation? Surely in such a case, where the general health was sufficient, and rapid cure was effected, it could not be the result of a failure in the inherent vital power of the patient, but in local, disturbing agencies, which changed the process so much as to abort some cells and vivify others. This influence is in *nerve* and *blood* supply, hence the granulation cell *is* in one instance converted into a tissue cell, in another case into a pus cell. Degeneration, then, is the history of the pus cell, and if once produced, has no alternative but further degeneration, as shown often in its odor and character when retained. It might be remarked that the doctrines of Bichat\* and Hunter† were much the same, as to the influence of the *tissues* in the *control*, but also in the products of every inflammation. This is most certainly true in a certain sense, yet not unconditionally so; and in the passing review of the doctrines of inflammation, my own conviction has become to me a settled truth, that first, *the condition of the blood, including its supply*, and secondly, (yet by no means last of all,) the nervous force, has been too much overlooked and ignored in estimating the causes, seat, results and products of inflammation in any tissue. *Tissue inflamed* in any given case cannot *alone* give character, yet undoubtedly does give *direction* and influence to the materials of repair; yet it must remain to be true, that the formative power *is* in the vital *endowment* of the individual, which may *itself* be subjected to many causes of impairment and misdirection. For instance: An individual who has a vigorous constitution, great power of blood manufacture. In such a case, an inflammation of acute kind will be attended with a large proportion, in the exudation, of perfect fibrine—that is, “fibrinous exudation,” the best material for quick repair. On the other hand, a patient pale—anæmic, perhaps—an inherited tubercular diathesis—an inflammation in this case would be manifested by the smallest proportion of fibrin in the exudation, with abundant corpuscles, with a marked tendency *to*, if not at once, pus cells. If pus corpuscles were not the result of the inflammation in its earlier history, the cachectic condition of the individual would surely inaugurate the pus formation, and all the consequent degenerations. In such a history as here drawn, in two contrasted and

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\* Bichat Path. Anat., p. 142.

† Hunter, Vol. III, p. 313.

very opposite conditions, we find the life forces, the *organic forces*, producing in the tissues a rapid repair and return to health in *one*, and in the *other*, by the same influences, decay and death—the advance and retrograde metamorphosis clearly shown in the ultimate elements of the tissues. Here, too, we find the true history of many of our cases of so called tuberculosis,—only degenerations of inflammatory products in the tissues of the lungs, glands, etc. It may be asked, Why are these things so? We answer, in the language of Paget: “The corpuscular constituents of lymph, in any of these stages of development, may retrograde, presenting the degenerations and conditions alluded to.” Thus we may have plastic lymph, producing adhesion—we may have degenerations in the same material producing *pus*—we have also granulation cells, proceeding rapidly to repair, or very slowly, under different conditions, with a large production of *pus*, presenting the condition of chronic ulcers, or chronic abscess, which often require the interference of the surgeon to change the conditions which may afterward eventuate in repair.

[TO BE CONTINUED.]

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## EDITORIAL.

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### MEDICO-LEGAL INVESTIGATIONS.

The following summary of a case which occurred in this city, is but one example among many that show the folly of expecting any good results from medico-legal investigations, conducted as they are at present, and we propose to take it as a text for a few remarks as to the necessity of a radical change in the status of coroner and medical witnesses.

Two little girls were sent to hunt cows on Friday evening, June 24th, about four o'clock, and not returning, a search was instituted, and their bodies found on the 25th, at seven o'clock, P. M., in a mill-race, where the water was about a foot or eighteen inches deep, the bank about five feet high; the bodies were five or six feet from the margin of the water, the eldest lying upon her face, with hands folded upon her abdomen, the youngest on her side, with arms extended along her sides.

It was taken for granted that death was caused by drowning, whether accidental, suicidal or homicidal appears not to have mattered.

Dr. C. E. Wright and our colleague, Dr. Fletcher, were called on the 26th, but no *post mortem* was made at the time. They were called, not by the coroner, but by the friends of the deceased, and did all that was required of them, and were not responsible for the slack examination. Black spots were found upon the right side of the face, and two or three upon the left side; the face full but natural and composed. Upon examination of the vulva, the labiae were found standing apart. The perinaeum was ruptured to within half an inch of the anus; blood oozing from wound; mucous membrane torn so as to expose the muscular fibres. No spermatozoa were found in the fluids. It was then a thorough examination should have been made. Some light might have been thrown upon the case and the truth arrived at, but the physicians were not permitted to proceed further. The bodies were buried. Only the older girl was examined.

Subsequently, at the instance of friends, who saw that the investigation had been conducted in a superficial manner, the bodies were exhumed and a *post mortem* ordered upon the 29th. The body of the eldest was alone examined. *Nothing was done with that of the younger.* Now the face was swollen and discolored; tongue protruding; fluids of decomposition issuing from the mouth and nostrils; bowels distended with gas; epidermis peeled off with the clothing; odor of decomposition strong; brain not examined; blood still oozing from wound in vulva; lungs much congested; right lung protruding when sternum was elevated; no clots in the heart; other organs healthy; inside the vagina a quantity of whitish fluid was found, in which spermatozoa were detected. The inference drawn from this examination was rape, with death by drowning.

Now what a jumble was here. To physicians the points of gross errors need not be recapitulated. The bodies dragged from the water; no proper examination of the surroundings made; hasty burial; and when, in consequence of rumors, they were exhumed, a *post mortem* but half made. The coroner, in haste, it may be, to quench his thirst at a neighboring saloon, confined the examination to one body, and only a part of that. What more was known of the cause *after* than *before* the inquest? It only mystified the matter. That a radical change is needed as to the manner of conducting a medico-legal inquiry, is patent to every physician, and is beginning to be acknowledged by the better educated and observant class of the community at large. In giving utterance to our views upon this subject, we cannot do better, perhaps, than to indorse the following, which we clip from the new *National Medical Journal*, published at Washington, D. C.:



"In regard to the inherent difficulty of the subject, it is certainly true that few medical men are qualified to be *experts* in the full meaning of the term, or, indeed, can find time, amid the hurry of professional cares, to prepare themselves fitly for the duties of such a position. For example, what proportion of every-day practitioners can properly undertake the delicate analysis of arsenical poison in the ingesta of the stomach or its decomposed tissues?" \* \* \*

"The truth is, the necessity is becoming more and more apparent of assigning important subjects of medico-legal inquiry to a body of scientific experts, whose education and habits of study eminently qualify them for the task imposed. The ends of justice, the conviction of the guilty, and the protection of the innocent, alike, can only be subserved by the adoption of some such system. At present, we are compelled to say that the responses of medical witnesses in important trials are, in many instances, for the most part undigested, incomplete, and in no regard creditable to a profession claiming a perfect knowledge of vital processes and morbid phenomena." \* \* \* \* "There is another feature connected with medical testimony in the courts worthy attention. We refer to the mode by which the value of medical opinions is weighed and tested in our halls of justice. A half dozen physicians, of variant ability, are summoned as *experts* in a case involving intricate propositions in science, which educated persons only are competent to solve, and not unfrequently a human life depends upon the decision. And who, it may be asked, are the judges? A jury of twelve men, taken from less than the average minds of community! In the opinion of such individuals, one doctor is quite as good as another, and the verdict is accordingly determined by the numerical preponderance of the witnesses, and not from their comparative intelligence and acquirements. Of these qualities they cannot, indeed, be considered competent judges. There is in all this a double injustice. It fails to protect the man of true merit, exalting the pretentious quack, while the ends of law and justice are unanswered or perverted. It is quite time some measure had been taken to remedy a growing evil, involving in an eminent degree the dignity, honor and respectability of the profession."

As to the remedy for the difficulty with reference to medical witnesses or experts, spoken of by our cotemporary, we would say, that the true one has often been suggested by those most competent to judge, but never yet has it been acted upon, at least to its full extent. It is to have experts of experience and ability in their several departments appointed by commissioners or by the court, and their salaries fixed by judicial or legislative authority, and paid out of the public treasury. In this way we can avoid the great liability of medical experts having their judgments warped and unwittingly testifying in favor of the party by whom summoned. That this is a liability that all are subject to, no one can deny, and we see no other way but one to lessen it.

There is but one thing better to subserve this end, and that is to take it out of the courts and away from a jury incompetent to form a correct judgment upon such cases, and have the hearing before a



board of commissioners composed wholly of experts. It has become the custom in special cases to have such a board, as the commission of lunacy, who are called to form an opinion with reference to any certain case, and so to enlighten the jury who are held to be judges of the *facts* in the case. But a jury is certainly unnecessary. This fact is recognized by the best authority we have upon medical jurisprudence.

"Nor can we see how the presence of a jury adds aught to the competency of the tribunal or the illumination of its investigations. \* \* \* The conclusion which follows is inevitable. If a judge can sit in equity without a jury, and administer justice impartially, simply because he is both competent and honest, by parity of reason a Commission of Lunacy properly constituted can as justly, in the same way, determine an issue of insanity. Numbers by themselves can add nothing to the competency of a tribunal, where one branch of it is notoriously below the level of the other in judicial capacity. \* \* \* It is always seen that experts have to be summoned for the purpose of illuminating the minds of the jury, because, although the latter are judges of the facts, they are not able to pass upon them until they have first been taught how to read and interpret their value. The competency of a lay jury to decide an issue of insanity is thus shown to owe its origin solely to the agency of experts. In the presence of these facts we are forced to the conclusion that the introduction of a jury into an Inquisition of Lunacy is superfluous, and more of a hindrance than a help to the discovery of truth."

This is spoken of a case of lunacy, but is of equal force when applied to any medico-legal investigation whatever.

In answer to the question, "Who shall act as Coroner?" the following, from "Taylor's Medical Jurisprudence," we indorse as the truth:

"Many persons who occupy the office of Coroner are neither medically nor judicially qualified for the proper performance of the duties of the office. The system of electing a man to hold such an office as this, (one demanding special *medical* knowledge of the cause of death, and good legal knowledge of the laws of evidence,) by freeholders of the lowest degree, is so intrinsically absurd that it is quite wonderful how, with improved civilization, it has maintained its ground in such a country as England. The election of a Lord Chancellor, of the judge of our courts of laws, or of country court judges, might be, with equal reason, left in the hands of voters of this class—men who have no knowledge of the duties of the office, or of the skill or learning required in one who is really competent to fill it."

This reasoning will apply with equal force to the state of affairs in this country. The remedy is to have medical men as coroners. Even the worst of them would be infinitely better than laymen. As they are now selected they are all, by reason of their want of knowledge in those respects that fits a coroner for his duties, not

only incompetent but dangerous officials, and a large majority of them are a disgrace to the community they pretend to serve. The lowest strolling vagabond which the country can produce—who, if competent for anything, would be as a walking spiritometer, to gauge and test the quality of commercial whisky—is intrusted with duties which involves not only the safe conduct of justice, but the lives of individuals. What does such a man know of what should be observed in a medico-legal inquiry, even if perfectly sober? It turns such inquiries into farces. Truth is lost, and either the innocent may be condemned or the guilty acquitted.

"Statistics may ransack its insensible inquests in vain for a single fact upon which it may rely, that would not have been more easily found and proved without its aid, (office of Coroner.) Accidents will there be found charged to suicide, suicides to murder, and murders again to suicide and suicides to accident. The intelligent searcher after truth will not advance far among those archives of official ignorance and stupidity until he will turn away in despair, satisfied that our important functions of the body politic is lost; and should he examine into the cause of its loss he will not be long in determining that legislative parsimony and popular indifference combined have conspired to effect the sacrifice."\*

Thus speaks one whose judgment is ripened by experience, and whose energy of research none will deny.

To sum up, then, our opinion upon this subject, we say: 1. That in *all* cases the Coroner should be a medical man. 2. Wherever there is a county physician he should be competent to take charge of the examinations and make *post mortems*, and this should be part of his duty—not, however, without adequate remuneration. 3. That experts should be appointed, to whom all facts elicited by such examinations should be submitted for the purpose of being reported upon by them to the court.

In some cases the examining physicians might be considered the experts, but this should not be the rule; and wherever it is practical such experts should be selected with express reference to their superior knowledge in certain branches of the medical science. If not so when appointed, they should be expected to prepare themselves expressly for their duties; and in case of failure should be removed. These points, we think, are practical, and there is no county in the State of Indiana where the plan suggested cannot, in principle, be carried out. The details might vary slightly, as circumstances should dictate, but enough of conformity to this plan could be maintained to do away with nine-tenths of the difficulties with reference to medico-legal investigations which the profession now labor under,

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\*Hon. J. W. Gordon, in *Western Journal of Medicine*, Dec. 1867, p. 724.

and assist in an infinite degree the cause of justice and the best interest of the community at large.

This is not a subject, the consideration of which should be confined to the medical profession alone. The public generally are, perhaps, more interested in its right workings than are even the profession, and it would be well if the press throughout the State were to call attention to it, that the *voters* should be stirred to proper actions in regard to it, for it is through legislative interference that we are to expect the most good in reforming the evils mentioned.

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## COUNTRY PATIENTS, AND HYGIENE OF THE FARM HOUSE.

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Those physicians whose wealth and inclination cause them to discard country practice, have but little idea of the difficulties which beset the practitioner whose daily round is from farm to farm, and from one log cabin to another.

It is not that people of the rural districts are afflicted with more malignant forms, or that the type of disease differs from that of the city—it is simply that farmers and country laborers are more ignorant in regard to how to live well, and how to take care of the sick, than those who are more immediately under the influence of those who, from necessity, are compelled to take more interest in sanitary science.

There is no doubt that the manner in which most farm houses are built, and the slovenly way in which filth, of both man and beast, is allowed to accumulate, and decaying vegetable matter allowed to remain in close proximity to dwellings, is one cause which produces and keeps in full force those tedious cases for which farm patients are noted.

Most farm buildings in our part of the country are built upon the ground, and without cellars or means of ventilation. If they are provided with cellars, they are damp, foul receptacles for old potatoes, wilting cabbage, rotten turnips, spoiled meat, pools of stinking milk spilled upon the ground, and other poisons too numerous to mention.

Another cause of disease is the character of the food used upon the farm, and the common method of preparing it. The prevalent method of over cooking all meats and under cooking vegetables is a source of much alimentary derangement. The use of salt pork most of the year, and woody vegetables raised without care, and cooked

only partially, is a kind of diet that will sustain life, but not in its greatest comfort or health.

There is a Hoosier prejudice against mutton that debars two-thirds of our population from enjoying a constant fresh meat diet, which gives so much health and strength to the English laborer, at a price far less than pork or poultry.

The character of country pastry, which is devoured with such relish by the farmer even at supper, is simply one degree more indigestible than the half-baked, swampy bread.

When the food is of such character in health, what is the diet of the sick room? Simply the same bad cooking, with the addition of a little more sugar, and a half dozen kinds of teas, with rarely any morsel that is craved or wholesome.

Perhaps no more fatal error exists in the country than in the overcrowding of sick rooms by the curious and kind neighbors, who are ignorant as to what attention is most agreeable to the sick, and therefore each one tries to do something, and that something, as a rule, is wrong. Two things the patient hardly ever gets, and that is a refreshing drink of cold water, all that he wants, and an hour's freedom from questions, whispering, tramping, and slamming of doors, coming and going.

Many of our country people have not yet learned that dirt is a disinfectant, and instead of depositing filth in a sink or privy, at a distance from the house, or covering it with fresh earth, the utensils of the sick room are emptied upon the grass about the house, which perhaps for years has been undergoing a constant saturation with like matter. Oftentimes, no doubt, fevers and diarrhœa are produced or continued in this way. If the country practitioner could but get his patients that repose, that cleanliness, and food, which he can command in cities, lighter would be his labors, and more successful his treatment. Of course these remarks do not apply to all cases, but we believe they will to the majority.

Would it not be well to make these subjects more popular than we do? The silly smattering of physiology and hygiene which is being pumped into unwilling pupils, as the fashion now is, does not in the least remove the evil.

Every year houses are made more air-tight, and the old fire-place is giving way to the air-burning and lung-destroying stoves, and the food of the people is, as a rule, served up, generation after generation, in the same unwholesome manner, while the wells from which the supply of water is expected is an unprotected pool, and receptacle for surface water.

Farmers as a rule either work too hard, or work to a disadvantage through lack of any method; they are not clothed against the cold and rain as they might be; they work in the night or early damp mornings, without food or clothing sufficient for the exigency; their meals are irregular, and, taking all together, the western farmer is, in body and brain, to a comfortable English or New England farmer, what a poor, consumptive, half-breed Indian is to the stalwart sons of the forest, that inhabited this country at the period of the discovery of America.

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### SEAL OF THE INDIANA STATE MEDICAL SOCIETY.

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At the last meeting of the Indiana State Medical Society the Secretary and Publishing Committee were ordered to procure an "appropriate seal" for the Society. An engraved copy of the seal appears on the cover and title page of the "*Transactions*," just published, which we shall notice in our next issue.

The design of this seal is worthy of commendation—comprehensive, suggestive, and "appropriate"—reflecting credit upon the artistic taste of the designer, Dr. W. J. ELSTON, assistant Secretary. The design embraces a figured *Æsculapius*, the Father of Medicine, piercing a serpent with his staff, faced by *Hygieia*, grasping and thrusting aside another monster threatening human life. These two figures are surrounded by a wreath representing immortality, and are backed by a *Gloria*, in which appears an emblem of *Wisdom*, in serene approbation of her favorite worshippers.

In front of *Æsculapius* is a scroll, representing the written science of medicine, and this group is surrounded by a latin motto—"Physiologica Medicina, Cautionis, et Curæ Morborum Vera Scientia Est"—("Physiological medicine is the true science of the prevention of disease.")

Outside of this is another surrounding, bearing the title of the Society and date of organization. The effect of the printed seal is very good, and we congratulate the Society on having secured so good a design, so well executed.

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WE have received the *Transactions* of the Indiana State Medical Society, which have just been issued.

We congratulate the Secretary upon having the handsomest edition of the *Transactions* ever published in this State. We regret that we cannot give a review this month of its contents, but we promise to do so at an early day.



The Secretary desires us to state to those who have not paid their annual dues, that, by sending them to him, they will receive a copy of the Transactions, and be credited in the next annual report. Also, that the certificates of membership, ordered at the late meeting, are ready for distribution to those who may wish them.

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DR. WANDS, of this city, exhibits a specimen of a heart, with pulmonary artery closed, taken from a child that was affected before death with cyanosis. Placed upon the right side, "according to science," the cyanosis became aggravated, and inspection after death for the cause of "facts" which opposed the deductions of science, the above mentioned conditions were found, which certainly accounted for all the symptoms.

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WE presume the proof-reader and printer considered the article upon Chloral, clipped from the *Lancet*, as found in our August number, very good, and forgot the truth that "we may have too much of a good thing." At least that is the only reason we see for the insertion of the same article twice in the same number. "Accidents will happen," etc.

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IN addition to the exchanges, a list of which we published in our last number, we have received the following:

*Journal of the Gynecological Society*, 18 Thomas street, Boston.

*American Journal of Insanity*, Ithaca, New York.

*Saint Louis Medical and Surgical Journal*, St. Louis, Missouri.

*Canada Medical Journal*, Nos. 55 and 59 Great street, Montreal, Canada.

*Ohio Medical and Surgical Reporter*, Cleveland, Ohio.

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WE have received the prospectus from J. B. Lippencott & Co., Philadelphia, of another new medical journal, to be called "*The Medical Times*," the first number to appear upon the first of October next, in the character of a semi-monthly quarto of sixteen pages. Price \$4, in advance. The list of engaged contributors is given, and we look for its appearance with interest.

# PROCEEDINGS OF SOCIETIES.

## KNIGHTSTOWN UNION MEDICAL SOCIETY.

KNIGHTSTOWN, IND., July 7, 1870.

The Society met according to adjournment.

Dr. G. W. Riddell, of Knightstown, was elected a member of the Society.

The following resolution was offered and passed :

*Resolved*, That the Secretary be requested to furnish the *Indiana Journal of Medicine* a list of our members and a synopsis of the transactions of each meeting; and that the members be requested to subscribe for the *Journal*, and to furnish articles for publication therein.

Dr. James Cochran, of Spiceland, reported a case of what he supposed to be cancerum oris, in a male adult. Mouth and gums sore and ulcerated; breath fœtid; sub. maxillary gland on right side swollen and sore; pain in back and limbs, and great general weakness. *Treatment*—Quinine, iron muriat. tinct., chlor. potass., salts and cream o' tartar to open bowels; nit. silver wash to mouth, and as generous diet as could be taken. Patient made a slow recovery in from two to three weeks.

Dr. McGavran preferred zinc. sulph. as a wash in cancerum oris, as a stimulant and disinfectant.

Dr. McGavran reported a case of empyema in a boy from suppurative pleurisy. A bulging tumor formed near the left nipple of the size of an egg, which, on being opened, discharged 3 xii pus. The chest collapsed, and there seems some prospect of recovery.

Dr. Canaday reported a case of empyema in an adult male. Patient got wet; was attacked with sore throat, which, after several weeks, seemed to descend to the lower part of the right lung, which was attended with fever and dry hacking cough, and some difficulty of breathing. Suddenly he expectorated pus freely, which relieved him. Can't lie on left side; sleeps tolerably well; has night sweats; right shoulder depressed; right side bulging; fuller on measurement; respiratory murmur destroyed below the third rib. *Diagnosis*—Empyema of the right side, with fistulous opening into the right lung; punctured the thorax between fifth and sixth ribs and evacuated one pint of creamy pus. Patient seemed better; walked out. *Treatment*—Iron and strychnia, quinine, generous diet and hyoscyamus to relieve pain: trocar used again, and three pints of pus

drawn off; elm bark tent left in opening, by which a serous fluid passes. Bowels and kidneys act normally; patient looking haggard; burning in the side; tastes pus. Washed cavity with chlor. soda, permang, potass and creosote. Patient tastes the medicine. Patient died after about five months' sickness. A *post mortem* examination seemed to confirm the diagnosis.

Remarks were made in regard to early paracentesis and the effect of air in pleural cavity.

Dr. Canaday said: The three points of the report are: 1. The differential diagnosis of empyema and hydrothorax. 2. Air in pleural cavity. 3. Prognosis.

Many remarks were made by members on these points.

Dr. Stuart reported seven blood lettings, which seemed to be of marked benefit to the patients.

Dr. Sparks thinks we don't use the lancet enough in these days.

The Society adjourned.

N. H. CANADAY, *President*.

J. H. STUART, *Secretary*.

#### LIST OF MEMBERS.

Joseph Weeks, East Germantown; J. D. Armfield, Greensboro'; M. M. Hess; D. H. Myers; W. Fuller, Dunreith; John Lewis, Grinnell, Iowa, honorary member; D. W. Butler, Dunreith; Jas. Cochran and J. H. Stuart, Spiceland; F. J. C. Rawlins, Elizabeth City; N. H. Canaday, Wm. B. McGavran, Jos. M. Whitesell, J. B. Sparks, L. V. Winston and G. W. Riddell, Knightstown; Wilson Hobbs, Carthage; Edwin Cain, Greensboro'; H. J. Bogart, Charlottesville; E. N. Tull and A. B. Reeves, Ogden; M. M. Adams, S. M. Martin, E. P. Judkins and N. P. Howard, Greenfield; S. A. Tray, Eden; W. M. Bartlett, Lewisville; M. M. Wishard, Soldiers' Home; W. Trees, Warrington; S. Holloway, Dunreith.

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## GLEANINGS FROM FOREIGN JOURNALS.

Translated by GUIDO BELL, M. D., of Indianapolis.

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Dr. Nicols reports a case where conservative surgery was carried to an unfortunate extreme. The patient's left humerus and upper thirds of radius and ulna were broken by a heavy wagon-wheel. Cold applications, followed by warm poultices, constituted the treat-

ment. Several abscesses formed, and were opened. Ninety-five days after the accident the arm remained bent at an angle of ninety degrees, and allowed neither flexion, extension, nor pronation, and only slight supination; hand stiff. Would not a better result have been obtained from amputation?—*Revue Therap.*

Dr. Lipp, of Graz, mentions six cases of psoriasis treated by hypodermic injections of arsenic acid. He has two solutions—one of three and the other of six grains of arsenic acid to one ounce of water, and injects from one-twenty-fifth to one-fifth of a grain of the acid daily. He had obtained successful results in three cases after having used respectively seven, three and one-half, and three grains of the acid. This method seems to present several advantages; in not deranging the digestive organs; in the smaller dose, and in the quicker cure. There occurred, in several cases, augmentation of thirst, with increased amount of urine, diminution of appetite, acceleration of the pulse, headache, vertigo, when the large doses were employed.—*Archiv. Dermat und Syphilis.*

Dr. Bergeron has treated forty-two cases of diphtheria, in St. Eugenie hospital, with five drachms of cubebs daily.

Of eight cases of angina treated with cubebs, seven recovered and one died.

Thirty-four cases of croup were treated with this drug. Thirteen recovered—three without tracheotomy, and ten after the operation had been performed. In twenty of the unsuccessful cases, tracheotomy was resorted to. The patients were from sixteen months to nine years old. Only six were seen in the beginning of the second stage; all these were saved. In twenty-seven cases the operation was performed immediately after entering. Cubebs was given after the operation apparently with better effect than before.—*Gazette des Hopitaux.*

Dr. A. Weber states that since he commenced using lactic acid in croup, he has had no need to operate, and has not lost a case. Every half hour from fifteen to twenty drops of the acid to half an ounce of water are to be inhaled through an apparatus for that purpose. After the dyspnoea has been diminished, the dose is to be lessened to five drops every hour.

A case of fistula corneæ, after a purulent inflammation, was cured by the extract of the Calabar bean. Dr. Zehender instilled one drop daily for fifteen days.

The *Revue Therap.* publishes the extract of a medical essay on sewing machines. From six hundred and sixty-one observations the following conclusions are made:

1. The work on a sewing machine has no other effect upon the system of locomotion than any other exceeding work of certain limbs with the exclusion of other ones.

2. The troubles of the stomach, so frequently met with in Paris, are not due to sewing machines.

3. The troubles of the respirative organs are not more frequent.

4. An influence on the nervous system is not stated. The uneasiness in the commencement ceases, and the girls are soon accustomed to their use.

5. In regard to the excitation of the sexual organs, it must be said that some observations already published have no value. An exact examination proves the former practice and demoralization a very reason of the alluded sexual excitement.

6. Metrorrhagia, miscarriage, peritonitis and leucorrhœa are not oftener found.

7. Machines, with isochrone treadles, are preferable to those with alternating ones.

INDICATION AND CONTRA-INDICATION FOR THE USE OF IRON IN CHLOROSIS.—Dr. Behier makes a difference between chlorosis with amenorrhœa and with metrorrhagia. In the first, iron is indicated; in the second, hæmorrhagia may increase, especially during menstruation. At this time Behier recommends the pills of Helvetius, containing alum and dragon's blood, with a little opium. Iron is contra-indicated in the false chlorosis of Trousseau, because it can provoke hæmoptisis and tuberculisation. Iron is useful in phthisis from scrofula. Behier recommends the administration of iron after the meals, because the gastric juice must absorb it. Behier uses often iron, with manganese after Petrequin.—*Bulletin de Therap.*

In chronic constipation Dr. Kent Spencer recommends the following treatment: 1. Very small and repeated doses of the alcoholic extract of aloe or colocynth. 2. A dose of two to three grains of sulphate of iron, with an aperient. 3. Regulation of the diet and exercise. Aloe is to be given in pills of not more than 0.05 grammes (0.75 grains), with sulphate of iron 0.05 to 0.15 grammes (0.75 to 2.15 grains), sometimes with a little nux vomica or belladonna. In the beginning Dr. Spencer gives three pills immediately after the meal. The remedy affects often only after three days. Emetics are



to be provided. Afterwards only one pill is required to produce a stool. It can be given also as a mixture.—*Medical Times and Gazette*.

A LIPOMA CURED BY HYPODERMIC INJECTION OF A WATERY SOLUTION OF IODINE.—Twenty-seven and a half grains of the saturated solution were injected; about three grains each time.—*Wiener Med. Presse*.

TETANUS CURED BY CURARE.—A solution of fifteen centigrammes (2.15 grains) was used hypodermatically and upon the wound wherefrom the tetanus originated and three times repeated.—*Anal. Chimica*.

Leaves of the olive tree are recommended in laryngitis. They are chewed.—*El Genio Med. Quirurgico*.

Dr. Burdel has seen, in one hundred cases of cancerous parents, seventy-five tuberculous children; and in one hundred cases of tuberculosis, only fifteen resulting from other affections. The hereditary character of cancer ranges immediately after that of tuberculosis. Seventy-nine families, affected by cancer, have a direct and secondary offspring of two hundred and thirty-seven tuberculous children.—*Revue Therap.*

ERRATUM.—On page 116 of the August number, the last sentence of the last paragraph should read thus: "The dose is a spoonful of mustard to four ounces of boiling water."

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## MISCELLANEOUS.

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PUBLIC INSTITUTIONS FOR THE INSANE.—By Dr. Ludwig Meyer. (*Archiv. für Psychiatrie und Nervenkrankheiten*. ii. 1.)

The author alludes to the difficulty so universally felt in providing asylums in proportion to the apparent increase in the number of the insane. He does not consider this increase to be a proof of any thing like a corresponding actual increase of mental disorder throughout the community. The large figures given by late censuses only prove the incompleteness of former returns. One apparent cause of increase lies in the change in family habits, which has

come to pass within the present century. The number of large, old-fashioned houses is decreasing, and the tendency to crowd families into lodgings is so great that comparatively few insane can now be cared for in private.

Civilization, however, with its tendency to produce a crowded population, and to lengthen the average duration of human life, is doubtless responsible for much of the actual increase. The large number of exemptions from military service is only another expression of the fact that modern society enables a very large number of unserviceable men to reach the adult age. Where population is most dense, there the duration of life is greatest, and there is found the greatest proportion of men whose bodily *and mental* deficiencies render them completely unserviceable. This description applies to Westphalia, with an average life-period of 34.1 years, to Rheinland, with 31.5, and to Saxony, with 31. On the other hand, in the very thinly-settled districts, the average duration of life is less: being in Pomerania, 29.3, in Prussia, 27.9, in Posen, 26.9, and in these districts the fewest rejections of conscripts are made.

It is not always considered that the asylums themselves are, in a certain way, a cause of increase in the number of the insane. For example, it is a moderate estimate to assume that, in an establishment with 1,200 patients, 40 annually live through diseases which would have carried them off if they had been under private care. This item, in ten years, gives an increase of four hundred insane, or one-third of the entire number.

“In the establishments for the insane at Hamburg, Gottingen, and many other places, from 60 to 70 per cent. of all the patients are busy all day in the open field or in the housekeeping department, with no more oversight than a similar number of day-laborers would require.”

The author draws a picture of the insane colony upon the St. Margarethen-Alp, with such bright colors as almost to make one wish one were insane for a month or two in the summer season. Upon this mountain-meadow some twenty-five men live, assisting the herdsmen in the care of their cows, others “loafing” in any fashion that suits them, enjoying the incomparable mountain air and sunshine. They dwell in the same wooden huts with the herdsmen, and eat the same food. But though they have to do without the “comforts” of civilized life, not one of them—and some of them were cultivated men—would have exchanged his situation for the admirable asylum from which he had been sent. And though but two attendants were intrusted with the care of them, one of whom was almost always ab-

sent upon some necessary charge, yet attempts to escape were unheard of. The parent institution is called Pirminenberg, and is situated about six miles distant, in the village of Pfäfers, Canton St. Gall. The director, Dr. Zinn, was very desirous to provide suitable lodgings for his female patients upon the same Alp.—*Journal Phys. Medicine.*

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THERAPEUTICAL USE OF ARSENIC IN PHTHISIS.—On a recent visit to the Charité, Dr. Nonat kindly communicated to us his experience of the therapeutical effects of arsenic in phthisis. The very favorable results which Dr. Montard-Nartin, of Beaujon Hospital, had derived from arsenic in the treatment of tuberculosis, had led M. Nonat to try the substance in a large number of cases. He has administered the remedy under the form of arsenious acid, and in doses of one milligramme, in pills to begin with. This dose was gradually increased every eight days by one milligramme, till he would reach the dose of four milligrammes a day. In these conditions the medicament has afforded him good results, in cases where tuberculosis had attained only the first or second stage, and presented no intestinal complication, for when vomiting and diarrhœa have set in, arsenic must be at once discarded. When phthisis is incipient, and when it is well circumscribed, M. Nonat has seen arsenic increase the appetite and strength of the patients. They gain flesh, look much better, and feel stronger and more cheerful. In such cases the medicament does not increase the pulmonary congestion, and, indeed, is attended by no inconvenience. The only counter-indication lies in the alimentary canal. In many subjects, however, placed in the above conditions, arsenic, if it did no harm, failed to produce any benefit.

M. Nonat's rule for the employment of arsenic is, therefore, to administer it only in cases of well-circumscribed phthisis. When tuberculization is generalized, or far advanced, arsenic, far from producing any good, increases the irritation of the bowels, and brings on gastro-intestinal disorder; the local action of the substance becomes noxious.

Summing up the practical results of his experience of arsenic, M. Nonat says that good effects, in hospital, have been the exception in patients in whom the disease has attained an advanced stage; but in civil or town practice, where the physician is consulted at an earlier period, the results have been good in a large number of cases. In a word, M. Nonat believes that arsenic is a remedy which must not be neglected in the incipient stage of phthisis, or when the disease is well circumscribed; but he adds that its virtue has been too highly extolled.—*Half Yearly Abs. of Med. Science.*

NORMAL *versus* ABNORMAL SCHOOLS.—Within the last quarter of a century Normal Schools have arisen and taken a very important stand among the institutions of learning. They supply a deficiency; they fill an important indication; they have become a necessity. In them teachers are taught, instructors are instructed. They aim to be model schools. \* \* \* \* \*

We feel, with proud satisfaction, that there is a class who always stand between maidenhood and the world, and oftentimes between the parent and daughter. We refer to the intelligent physician. Too often is it the case that *he* alone can interpret the muffled heart-beat, or read the faintest blush, or understand aright the hurried sigh, the halting step, or the languid look. \* \* \* \* \* Now the world (we were about to say the flesh and the devil,) says that the young ladies of America are not healthy "because they do not exercise sufficiently." In this the world is right, and the profession say amen, and prescribe a remedy—a sort of artificial exercise. It is calisthenics.

Now the word remedy implies something to be remedied—a need for a remedy. This again implies a knowledge of its application, or else the remedy becomes in itself an evil; it is injurious. Now gymnastics and calisthenics, the different movement cures, (*et id genus omne*,) are, in their several ways, valuable remedies, but they should be used with intelligence and discrimination.

"A little knowledge is a dangerous thing," especially professional knowledge. Ministers with sufficient ballast and brains for a charge, doctors with sufficient knowledge of medicine to secure a practice, or school teachers unfit to teach, are professional parasites. They attach themselves to the skirts of the different professions; assuming a knowledge of each, they bring reproach upon all. This class of men, if they be sick, invoke the aid of a charlatan. If they are spiritually troubled, they wander from church to church, picking flaws in the doctrines of each. If ignorant upon any subject, they assume familiarity with it. You can't teach them, you can't advise them, you can't doctor them, you can't reason with them. Now this class of persons generally get a smattering of physiology, commencing with the wrong end. They mix it up with newspaper hygiene; and, with the aid of native effrontery, palm off their compound upon a gullible public, as a "hygienic cure-all." \* \* \* \*

Let us take, for instance, calisthenics—a most valuable adjuvant to public instruction, may be so misapplied, so injudiciously used, so untimely and wrongly administered, as to be fraught with greatest danger.

It was the original intention to use calisthenics as a remedy—and

so it should be always looked upon—a *most valuable remedy*. Allow me to illustrate how it may be misapplied, by presenting to you six hypothetical brothers and sisters of the writer, all of sufficient age to attend the normal school. Jennie, aged ten, is healthy and full of life; we call her the romp of the family. We are obliged to curb her spirits a little, or she would “run away with herself.” She needs *mental* improvement. Susie, two years her senior, is a quiet girl—studies too much and exercises very little. She lacks vitality; has “more brains than body.” Tom, aged sixteen, a *big overgrown boy*, is purely animal—calisthenics or study cannot hurt him. Sisters Mary and Nelly are twins, eighteen years of age. Before school Mary prepares the breakfast, dresses a baby, sweeps the house—she is, in fact, a maid-of-all-work—and then *walks to school*. Nelly is *delicate*, and is subject to nervous headaches *every three weeks*. She really ought not to attend school; is very *retiring* and uncomplaining. We know her so well that we can tell when she feels badly. She was once severely reprov'd by her teacher, when the poor girl was nearly dead with headache. Since then she never speaks of herself. Addie, aged twenty-one, lives with an aunt but a few steps from the school house. This is her last term. Perfectly healthy in every sense of the word, but she sadly needs exercise, as she sits all the time.

Here we have five children in one family, and we think they are much the same as other families.

We would now submit a few questions. 1st. Should these five scholars be compelled to undergo the same exercise in calisthenics every morning, through winter and summer, in the same room?

From what we know of young ladies, (or ought to know,) would any one of them ask to be excused, or accept an excuse, in public? Would it not be more in accordance with delicacy to have *thoughtful, considerate* female teachers conduct the young ladies over twelve years of age, in a room by themselves? Does it naturally follow that because calisthenics are wrongly administered at times, that the exercises should be abandoned?

Now the above remarks on calisthenics were but suggested by our normal school. This school is but one of a thousand which practice them. We are not sufficiently acquainted with its working or regulations in this school to say whether the exercise is misapplied or not, but on general principles we are averse to the exercise with young ladies, unless *understandingly* and *scientifically* administered. We believe a school would not be *normal* that did not look to the physical culture of its pupils. We also hold that physical culture can easily be carried to *abnormal* extremes.—*N. W. Med. & Surg. Jour.*



## CHEMICAL AND SCIENTIFIC.

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A DANGEROUS WATER-PIPE.—Attention has been called several times in the *Journal* to the dangerous character of the *galvanized iron pipe*, when employed for conducting water to be used for culinary purposes. Instances of severe poisoning from the use of this pipe are continually coming to our notice, and we are led once more to caution our readers against it. It is almost a crime for dealers and manufacturers to recommend this zinc-covered iron pipe for water conduit, as they thereby jeopardize the health and perhaps the lives of purchasers. When this pipe comes from the hands of the manufacturers, it has a fresh, clean appearance, and to those who do not understand the nature of the covering, the idea is conveyed that it will not oxidize or rust, like ordinary iron pipes. But this is an error; it will rust even more rapidly than clean iron in most localities. The superficial covering of zinc is rapidly decomposed under the influence of ordinary pond and spring waters, and the oxide, carbonate, and chloride of zinc are formed, which salts are of a deleterious or poisonous character. This covering of zinc on the interior is attacked immediately when water is allowed to flow through, and in some instances we have known it to be entirely removed in forty-eight hours. The insoluble carbonate of zinc is seen to float upon the water in the tea-kettle and other water vessels used in families, and this has often created alarm where no suspicions previously existed. We hope the newspaper press throughout the country will caution their readers against the use of this pipe for water supply.—*Boston Journal of Chemistry*.

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SUBSTITUTE FOR CYANIDE OF POTASSIUM IN REMOVING STAINS OF NITRATE OF SILVER.—Let fall upon the moistened spots a few drops of the tincture of iodine, which converts the silver into the iodide of silver. The iodide is then dissolved by a solution of hypo-sulphite of soda, composed of half a drachm to a fluid ounce of water, or by a moderately dilute solution of caustic potassa, and then the spots are to be washed out with warm water. The stains, it is stated, can be taken out by a solution of two and a half drachms of cyanide of potassium and fifteen grains of iodide in three fluid ounces of water. All these agents must be used with great care, as when undiluted they are powerful irritants. The ingredients should be carefully weighed out, and not taken by chance. The solutions should be weak, and time allowed for them to act.

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ORIGINAL COMMUNICATIONS.

EXOPHTHALMIA — EXOPHTHALMIC GOITRE, OR BASE-  
DOW'S DISEASE.

By R. E. HAUGHTON, M. D., of Richmond, Indiana.

This affection is as yet a pathological problem, and not yet worked out, and having in the last year seen three well-marked cases, I thought it might prove interesting to the readers of the JOURNAL to give some account of them. Before proceeding to give a history of the cases, some general remarks may not be out of place. The prominent features, and, to one conversant with its history, readily detected, are, 1st: Prominent eyes, as if pushed forward, or projected from the orbit, without any impairment of vision, yet sometimes a vague sense of oppression and fullness about the globe and within the orbit. 2d: An enlargement of the thyroid gland; sometimes enlarged on one side, more commonly on both; a lateral enlargement, and sometimes a general enlargement, or hypertrophy of the gland, with oppression of breathing from compression of the trachea, and obstruction of the vessels of the neck. 3d: An abnormal action of the heart (which may or may not be abnormal in character), generally rapid, often feeble, producing, by the irregularity of the circulation, severe headaches, giddiness, nausea, and a host of nervous phenomena, mostly reflex in their origin and character. Thus we have the three principal features or conditions of this affection, which are followed by a train of symptoms, which require some skill in arranging in their proper order, so as to have a complete and methodical arrangement, which is the natural history of the disease.

There are four ways in which it has been accounted for: "First, by describing it as an enlargement of the globe of the eye itself, which view is advocated by Drs. Begbie and Stokes; and, second, a protrusion of the eye in consequence of hypertrophy of the tissues at the back of the orbit, which is BASEDOW'S view, and from whom it has been named; and, thirdly, a congestion and dropsical swelling of the same tissues, accompanied by a want of tone in the ocular muscles, which is Mr. Cooper's view; fourthly and lastly, to an increase of the fat which forms the padding of the globe, and which was found to be true by Hensinger in two post mortem examinations." (See *Edinburgh Med. and Surg. Jour.*, 1854, p. 426.) If Basedow's view were the correct one theoretically, we should have an irremediable condition, as in instances of hypertrophy of tissues, which cannot be reached. If relief is obtained at all, it is done through remedies addressed to the general system; and also in view of the difficulty of removing the hypertrophy of the thyroid gland, even by means directly applied, which often fail to accomplish any good. Again, if this view were correct, it must continue an increasing trouble, whereas the fact is that, so far as the eye is concerned, it is a variable trouble, sometimes more and sometimes less prominent. There is another fact in this connection, that after death the eyes recede, and so far as they are concerned, no trace is left of the condition, which would indicate that it was not hypertrophy of the inter-ocular tissues. If you examine the theory of enlargement of the globe of the eye, it can hardly be imagined that such an event can occur without some serious structural change in the internal tissues, which would either seriously impair or altogether destroy vision. Yet such a state of things is not found to occur, as my cases (when asked in reference to vision), said it was perfectly good, yet the eye in all the cases was so prominent as to be a serious deformity. There is no theory as yet advanced which will account for the conditions, separated from the general impairment of health found to exist in the cases as presented, and we therefore turn our investigation to the condition of the nervous and vascular systems to find an explanation of the general and local phenomena which are present in these cases. If you observe the patients carefully, as you examine and question them in regard to history, there is a peculiar manner generally excited—nervous, as if apprehensive you were about to reveal some fatal malady; the pulse is quick and feeble, the heart-action tumultuous or throbbing; twitching of the muscles of the face; the countenance is pale and sallow, or swarthy; there is loss of digestive power, the appetite is poor and variable, the bowels are constipated;

sleep is mostly good and improves the patient, as it favors a quiet circulation; the menstrual function is either impaired or arrested, and all the functions of the body are more or less abnormal. In the three cases I have observed within the last six months, two were females and one male. The female patients were both for a long time in bad health, and both were exceedingly feeble, so much so as at times to be scarcely able to get out of doors. Both of these cases had been under medical treatment, and in none of the cases had any diagnosis been made, so far as their history and treatment showed, till one of the female cases came into the hands of my friend and partner, Dr. Hadley, who diagnosed it, and called my attention to it, as a well-marked case of Basedow's disease. The other two cases came under my own observation soon after, and I will endeavor to give an accurate detail of the cases as they were presented to me.

CASE I.—Mr. F., age 25, clerk; fair habits, addicted to stimulants, not intemperate; asked me to prescribe for him for some severe eruption of the face (*Sycosis menti*). My attention was particularly attracted to the appearance of his eyes, and, upon investigating his entire history, I found him laboring under some disturbance of the heart, and having had a large development of the thyroid gland, which suddenly disappeared, and with its departure came the prominence of his eyes. His sight is good, general health impaired, pulse feeble, palpitation of the heart. During an attack of vomiting there was a rupture of some small blood-vessel or vessels about the eye, infiltrating the conjunctiva and superior and inferior palpebra with a considerable amount of blood, and which I suppose to have been induced by a congested and weakened state of the vessels. The vessels of the lids are at all times congested, and present an appearance of redness, with injection of the conjunctiva. The most remarkable feature of the case was, that about the time he noticed the enlargement of the eyes, suddenly all traces of the enlargement of the thyroid gland disappeared, and that without any treatment directed to it, as his trouble was not before diagnosed. There remains in his case the projection of the eyes and affection of the heart, which does not seem to be organic. No treatment in this case directed to THIS trouble, as he did not seem to suffer very *much* in any way from it.

CASE II.—Mrs. McW., age 45; occupies a fine social position; is in very bad health, which has continued nearly a year, with increasing severity. She is pale, anæmic, exceedingly nervous and excitable, and has all the peculiarities of this disease in a remarkable degree. Her trouble began apparently with a severe cough, which



got better, and has almost disappeared; and during the existence of the cough the conditions of prominence of eyes, enlargement of the thyroid gland, and an affection of the heart, all appeared. She cannot now exercise on her feet, or go up or down stairs, without much difficulty of breathing and a rapid throbbing of the heart, which overcomes her so much that an effort like going up stairs requires her to stop or sit down to quiet the heart-action. In examining her heart I found a loud bellows murmur, and over the thyroid gland, which is very much enlarged bi-laterally, the arteries being enlarged, a very loud pulsatile thrill, similar to what is heard in aneurisms, synchronous with the heart-action. The frequency of heart-action was variable, owing to the nervous condition, which is exceedingly irritable, ranging above one hundred to the minute. Appetite is poor and capricious, and there is a state of extreme general debility; and if, as is supposed by some, the special conditions of this disease are dependent upon anæmia, *here* we have a good example of it. So far as the heart-action is concerned, it corresponds to those cases of severe or extreme anæmia, and aside from its conditions, one of changed or altered blood, which is the primary alteration. We have no pathology which will account for the conditions as presented. If it were simply dependent upon either functional or organic heart-trouble, then we should have many cases, as heart-disease exists in very many cases. The fact is, in these cases the heart is disturbed by the altered relations of the blood, which changes nervous influence, which is reflected through the sympathetic system upon the heart, and thus the heart, by rapid, irregular action, produces congestion of the tissues, which are made up of *blood and vessels*, as in the thyroid gland and in the orbit, where the vessels having lost tone, fail to contract upon the blood; hence *enlargement*, which is not a true or genuine *hypertrophy*.

Treatment in the second case was, first: Fl. ex. ver. vir, in doses sufficient to control heart-action; and conjoined with it were Qui. Ferri et Strychnia, in the form of pill, taken *one pill three times a day*.

CASE III.—Miss S., a maiden lady of 45 years; has been in bad health for several years; been treated irregularly for a number of ailments which she did not have; was examined and treated by Dr. Hadley. His diagnosis was Basedow's disease. She had all the peculiarities which marked the other cases; was pale, exceedingly feeble, and nervous; heart much disturbed; large bronchocele, and very large eyes, so as to present a peculiar appearance to the observer. Great dypnœa attended this case, which prevented exercise almost entirely; menstruation was arrested, and seemed largely in-



fluenced by the alternations which belonged to this disease. Her treatment was begun with *ver. vir.*, to quiet the heart-action, which it did fully and promptly, in two days, with great relief to the patient, and she began to exercise gradually, and has improved ever since. The treatment being continued by the administration of iron, as she was very weak and anæmic, which increased her strength, lessened the prominence of the eyes, and diminished the hypertrophy of the gland. She is still under treatment, greatly improved by the simple, yet so far, effectual remedies, in largely mitigating a condition which was much to be deprecated. These cases are under treatment, except the young man, who is under treatment for another trouble, not having any remedy for the disease under consideration. I have practiced medicine now twenty years, and until the present year had not seen a case of this disease; and Dr. Kersey, of this city, told me he had not seen a case in the history of his practice, being, perhaps, thirty years. I think it is easily recognized, and how long since these symptoms have been recognized and associated is not quite so clear. Prof. Aitken, in speaking of this disease, calls it "*exophthalmic goitre*," the goitre of *anæmia* or *sparrænia*, and may be defined as "enlargement, with vascular turgescence (*Aitken's Practice*, p. 794) of the thyroid gland, accompanied by protrusion of the eye-balls, anæmia, and palpitation." "It is rare in children, more common in females than males, and co-exists with wasting discharges, or supervenes upon them, as leucorrhœa and menorrhagia in females, and hemorrhoids in males." (All these symptoms last mentioned are the opposite ones to those found to exist in cases here given.)—WRITER. "It is sometimes associated with heart disease," continues the author, "which is either hypertrophy or dilatation." The normal nutrition of the nerve-centers is obviously impaired. "Sleep is disturbed and unrefreshing." "Digestion is impaired, pallor and anæmia ensue, with palpitation of the heart and throbbing of the arteries of the neck." "A systolic (*bruit*) sound may be heard over the heart and along the vessels of the neck" (and in my second case, over the thyroid gland the artery was seen and felt, and a very remarkable sound of pulsatile-thrill was felt and heard as the blood was forcibly projected into the gland).—WRITER'S second case. "Hyperæmia of the gland, which afterward becomes hypertrophied, while the exophthalmic condition is similarly induced, continued distension of the intra-orbital vessels presses the eyes forward, and this prominence is or may be reduced by pressure applied to the carotids. In fatal cases the eyes recede after death, and during life vision is rarely if ever impaired." (*Aitken's Practice*, p. 794.)

## CASES IN PRACTICE.

By J. B. HOGG, M. D., Knox, Stark County, Indiana.

While practicing medicine in the city of New York, in the winter of 1852-'53, one evening a young man entered my office, and procured a small amount of opium, stating that it had been recommended to him as a "certain cure" for diabetes. He was emaciated to a fearful degree; told me that he voided twelve quarts of urine daily, which was "as sweet as honey." He also stated that he frequently rose nineteen times a night, and that his sensations of hunger and thirst were perpetual and intolerable.

After his departure, I wrote the following prescription, determining to use it, if he called on me again:

℞ Antimo. sulph..... 3j;  
 Pulv. Alumen,..... 3ij;  
 Pulv Opū,               grs.   x;  
 Doveri ..... 3j;  
 Carb. Ammo..... 3j;  
 M. Div. in chart No. 20.

The next evening he returned, and stated that the opium had done him more harm than good, and requested me to give him treatment that would be beneficial. I prepared the above prescription; ordered him to take a powder morning and night. I interdicted the use of any other drink than pure cold water, or any vegetable food except bread; advised him to use meat principally for his diet.

In a few days he returned, and told me that he voided less than half the usual amount of urine; that it had changed in appearance and taste, being saline and bitterish; that for a few nights he had risen only five or six times a night, and that his hunger and thirst had abated more than one-half.

I continued the same prescription, and added the following; a teaspoonful to be taken at noon:

℞ Tr. Cinchona 3iv;  
 Mur Tr. Ferri 3jss;  
 Tr Digitalis 3j;  
 Misce.

His recovery was rapid; his appetite and digestion became normal, and he gained rapidly in flesh.

In August, 1860, I went to the town of Windfall, Tipton county, Indiana, and was requested to visit the child of a widow lady there. The resident Doctor had been treating it—pronounced it a case of

inflammation of the brain; and that morning had predicted its death in twenty-four hours. I called upon the Doctor prior to visiting the child, who told me "that it was clearly a case of phrenitis, and that recovery was impossible; and that he had no objection to my calling to see it, if I wished." After a careful examination, I pronounced it a case of bilious intermittent fever, and probably also of worms. One of the ladies (?) posted off immediately to Dr. S. with her report of the affair, and the Doctor ridiculed the idea that worms were troubling the little patient, and swore that he would "eat every worm that passed from it over three!"

I gave small doses of calomel, podophylin and jalap, and ordered rubifacients (horse-radish leaves) to be applied to its hands, wrists, feet, ankles, and the nape of its neck. In the course of a few hours the physic operated. Her mother told me that the passage was in quantity about half a tea-cupful, and resembled the white of an egg, only it was "as green as grass." As soon as the physic operated, she opened her eyes, and exclaimed "Ma, ma," the first words she had spoken in forty-eight hours. I followed the above treatment with spts. eth., nit., verat viride and quinine.

During my attendance on the child, more than a dozen worms of unusually large size passed it, but the Doctor was not held to his promise. In three days I pronounced it out of danger. Shortly after it was afflicted with congestive chills, which were treated with the usual remedies, and its recovery was complete and speedy.

In the same town resided Miss Jane G., aged seventeen. For three years she had been troubled with irregular and painful menstruation. The cause of the difficulty was her standing in a tub of water that was covered with ice in order to check the flow, that she might be able the next day to go to a town some eight miles distant. For a number of months she had been under the care of Dr. S., but without being benefitted. The menstrual flow was scanty, when any appeared, and frequently months passed without any "show," but at such times she suffered extremely from cephalalgia, pains in the loins, nervousness, nausea, etc.

I gave her a mixture of tincture guaiaco, tincture ferri, tincture strychnia (one grain per oz.) alternating this mixture with vegetable and chalybeate tonics, and directed a hot pediluvium to be used every night. I also ordered her, when she felt the sensation of the monthly flow to drink freely of the infusion of wild ginger and tansy, and to apply a hot cataplasm of tasny and vinegar to the abdomen. At the recurrence of her next period her father came for me to visit her. I found all right with the exception of severe pains. These, by full

doses of pulv. doveri and gum camphor, were speedily mitigated. She soon after married, and in less than a year became a mother, and enjoyed good health.

Subsequently I was summoned to the bed side of a female infant, aged seven months, who was suffering exacerbatly from inflammation of both labia pudenda. I found that previous to my seeing the patient, Dr. S. had paid it three visits, but possessed too much delicacy to examine the affected parts. He pronounced it a case of inflammation of the kidneys, and assured the parents that it was a matter of small moment.

On examination, I found the labia in a high state of inflammation, which I tried to subdue by solutions of plumbi acetate, sulph. zinc, and argent nitrate. On my third visit, I found that the father of my patient had gone to the county seat for counsel, with directions for me to remain till he returned. In due time he returned with my friend Dr. J. B. White.

We continued the treatment, and added poultices, and gave carb. ferri and quinine. The next day we opened the abscess, and from the orifice escaped a considerable quantity of dark blood, but no pus. The case was left in my hands, but from indisposition I did not see it for several days, but was informed that it was recovering. I was again summoned to its bedside and found the parts had sloughed sufficiently to admit the first joint of my thumb. It continued to slough until the parts would have admitted a common sized hen's egg. In a few days after I was last summoned to it, the little sufferer's agonies were relieved by death.

## TWO CASES OF INSOLATION AND TREATMENT SUCCESSFUL.

By **E. S. ELDER, M. D., Morristown, Shelby County, Indiana.**

In presenting these cases to the readers of this journal, I do not flatter myself that I shall offer you anything that will be entirely new, or that will materially add to your knowledge of medicine. But I simply call your attention to the disease above named, and to a method of treatment which has been made public, and which, if adopted by the medical fraternity, promises to render almost harmless that terrible malady, which writers in former years have pronounced of such a doubtful prognosis.

**CASE I.**—Mrs. J., aged 25, married, two children; of a nervous-

lymphatic temperament; in the enjoyment of good health. On the 25th day of June, 1870 (one of the hottest days of the present summer), after riding on horse-back five miles, exposed to the direct rays of the sun, at 11 A. M., was attacked with insolation, falling unconscious and insensible. I was immediately summoned, and reached her at 12:30 noon. Found the patient comatose; pupils dilated; speechless; pulse full, bounding and irregular—146 pulsations to the minute; stertorous, heavy, irregular breathing; skin dry, erythematous and *burning* hot; general epileptoid convulsions occurring every 10 minutes, and irregular spasmodic muscular movements; during the intervals between convulsions, mouth partly open; when fluids were introduced they were swallowed without much difficulty.

I immediately administered, per mouth, quinia sulph. gr. xij.; applied cold to head, chest and arms; had patient placed between the doors in opposite sides of the room, where all the fresh air that could possibly be procured passed over her bed; ordered 12 grains sulph. quinia and half an ounce aromatic spirits of ammonia, to be given alternately at intervals of one and a half hours, and cold to be kept constantly applied; left at 2 o'clock P. M.

12 midnight: Patient in a cool perspiration, semi-comatose, complaining of intense heat, and "burning pain" in head, arms and limbs; says that her brain feels like it was on fire, muttering delirium when not fully aroused; pulse 120—more regular; has slept one hour since last visit. Ordered treatment continued, except zinc; capsici, grs. 15, with ammonia and morph. sulph. gr.  $\frac{1}{4}$ , with each dose of quinia sulph.

26th, 8 A. M.: Patient convalescent; convulsions at intervals of half an hour, and but slight; nervous symptoms better; sensation complete; intellectual faculties restored to normal condition; pulse 108, regular and soft; burning sensation gone; heat of body apparently normal; some appetite; kidneys acting finely, skin moist and cool. Ordered treatment changed by reducing to 5 grains every 4 hours, sulph. quinia, and every 4 hours sp. ammonia, and nutritious food.

5 P. M.: Patient still improving; symptoms all better, and ordered all treatment discontinued, except the quinia three times a day for two days; and after cautioning her about exposure to the sun for a few days, I dismissed the patient, and she went on to a complete recovery.

CASE II.—John R., male, aged 10 years, well-developed, healthy boy. July 23, 12 noon, was called to see patient. Found him



violently delirious, struggling violently, talking incoherently; skin dry and hot; circulation very much excited; pulse 160, hard and irregular; constantly applying hands to side of head, which was continually thrown from side to side. Upon inquiry, ascertained that the patient had retired the evening before as well as usual; had risen before the family were up, and said that he was going to gather blackberries. He was found about noon, one mile from home, sitting in the sun, talking hurriedly and wildly, and they being unable to elicit anything from him in regard to his condition, brought him home in the condition that I found him. I immediately administered to him sulph. quinia grs. x, applied ice to head and limbs, ordered body to be sponged with cold water, to have him confined to his bed and quinia repeated every two hours. 6 P. M.: Patient rational; pulse 135; skin moist and cool; muscular system quiet; complains of some thirst and headache. He says that he felt well enough until about 10 A. M., when his head began to ache very badly, and he went to a shade, and knew nothing from that time until two hours ago. (The shade he mentioned was some quarter of a mile distant from where he was found.) Ordered application of ice discontinued, sponging with cold water continued; quinia sulph. grs. 4 every 4 hours, with nourishment in form of beef essence.

July 24: Patient in a good condition; enjoyed 4 hours' refreshing sleep during the latter part of the night; some appetite; slight headache. Discontinued treatment, and patient had a rapid recovery.

Such has been my limited experience with the above disease by the treatment indicated, and I am persuaded that if the above treatment was generally adopted, the mortality of this disease, instead of being 50 per cent. as heretofore, would be almost none at all, and I would refer to the January number, 1870, of the *American Journal of Medical Science*, article 34, page 252, as being fully confirmatory of my views, and the first notice I saw of the treatment, the success of which induced me to give it a trial, with the results above obtained.

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## EFFECT OF FOREIGN BODIES IN THE CERVICAL CANAL.

By G. W. LEWIS, Student Indiana Medical College.

Mrs. B., aged 30, when about exhausted from the loss of blood constantly oozing from the uterine canal, called me in, telling me at

the time that she wanted something to check her menstruation; that she had suffered two weeks over her usual time; complained of pain in the ovarian region. I immediately prescribed the usual remedies, and next day one that had proven good in several obstinate cases, viz:

R. Monsells Styptic, half an ounce;  
Elixir Pyrophosphate Iron, two ounces;  
Mx.—S.—Teaspoonful every two hours.

But I found this to fail. On the following day she called me in again. I asked for an examination, which was readily granted; and upon introducing the speculum I found some appearance of inflammation, extending the entire length of the vaginal canal and into the posterior cul de sac. The os uteri was somewhat dilated.

I wrapped my probe with clean lint, and introduced it, with the expectation of detecting some follicular growth. On removing the probe I found a short, thick hair. Cleansing the parts again, and having a good light, I observed two large hairs about three inches in length, evidently from the mons veneris. Their appearance under the microscope were very much like the beard of wheat. Their roots being directed toward the fundus, undoubtedly was the cause of the ovarian pain and, also, a source of great irritation.

After they were removed and the parts cleansed with solution glycerine and tannic acid, the lady recovered entirely—hemorrhage ceasing in about two hours.

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## EDITORIAL.

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### TRANSACTIONS OF THE INDIANA STATE MEDICAL SOCIETY—1870.

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We have here a very interesting series of papers and discussions, published in pamphlet form, and containing one hundred and fifty-one pages, with the constitution, by-laws, and names of the members appended. The volume compares favorably with any similar one of former years, and with the published transactions of our sister societies in other states. We have first the address of the President, Dr. George Sutton, of Aurora, on "Man's Power Over Nature," a subject which he treats in a masterly manner; the whole production being replete with valuable thoughts, and withal, a most excellent

defense of the physician's art against skeptics in the profession and out. He shows that we have "*harmony and its opposite*" in nature, in mind, in morals, and in the vital laws of the human organization; demonstrates that the judicious physician can often aid nature when she cannot aid herself, and closes with some very valuable poetical suggestions. Next we have an essay on the treatment of Puerperal Hemorrhage, by Prof. George W. Mears, of Indianapolis. He treats of the therapeutical means adapted to flooding arising from abortion, placenta prævia, and also that which is usually styled post-partum. He advocates the tampon as both "safe and important at any period of pregnancy when the healthy uterus under gestation shall not have attained sufficient capacity to hold a fatal hemorrhage." He does not seem to think that its use with caution is necessarily incompatible with the preservation of the fœtus in case of threatened abortion. Would it not be as well, however, except where danger to the mother is imminent, to trust to the ergot and opium, holding the tampon rather as a reserve, than as a means to be put forward in the early part of the contest? There is little doubt that ergot has valuable hemostatic powers, and as the effused blood in a case of threatened abortion, is the chief agent in provoking the uterus to action and causing it to expel its contents. If by ergot you can stop the effusion and by opium quiet the irritation, you may often preserve both the valuable lives you have in charge. Any one who has attentively studied an article recently published in the *Medical and Surgical Reporter*, by Dr. Battson, of Illinois, will not be disposed to fear that the ergot would excite the uterine efforts and thus hasten the abortion; though even if it should do so, it would only be accomplishing precisely what *we should expect* from the tampon. It is not yet demonstrated that ergot *produces* uterine contractions where they do not previously exist; but when they have once been excited, that it adds much to their persistency and force cannot be doubted. It is its hemostatic rather than its uterine motor-stimulant properties, that render it so useful in the early stages of almost all hemorrhage during gestation. Under the head of "Concealed Accidental Hemorrhage," the Professor gives an analysis of one hundred and twelve cases from Dr. Wm. Goodell, which show that this accident is not only frequent but "desperately fatal." We are not told at what period of gestation it occurs, but the great indication for its relief is speedy delivery. As regards unavoidable hemorrhage, the Doctor simply states in a few words, the treatment which he detailed more fully two years ago, in a paper on Placenta Prævia. This is "to proceed at once to clear away the

coagula, introduce to the bleeding surface a small sponge saturated with the solution of persulphate of iron, following with a firm tampon. I now administer ergot freely, and wait events, with the assurance which some practice has afforded me, that I should certainly save the mother and probably the child."

Prof. Mears strongly recommends the practice laid down by several prominent authors of administering a full dose of ergot just before the conclusion of labor, in cases where post-partum hemorrhage has occurred in previous labor, or is apprehended by the accoucheur. He also employs intra-uterine injections of solution of persulphate of iron, one ounce to eight of distilled water, in severe cases. Pressure and cold, which we consider the two leading remedial measures, he also mentions with approval. In very severe cases of flooding, ergot is too slow in its action to produce contractions in time to save life, hence the Doctor recommends its subcutaneous employment, in the form of a filtered solution of ergotin, one grain to five drops. From this, used hypodermically, he has produced ergotism in five minutes, the amount injected being ten drops. Prof. Mears' paper will well repay a careful perusal.

We are next presented with an article on "The Utility of Ergot in facilitating Labor," by Dr. E. Mendenhall, of Zionsville. The writer is a strong advocate for the "*judicious use*" of the spurred rye, states that his experience with it amounts to "hundreds of cases," and thinks it has been a valuable means in his hands for saving the lives of mother and child. He undoubtedly gives to this drug a wider latitude of employment than is recommended by one leading textbook on Obstetric Science. He uses it "in presentations of either extremity, in either primiparæ or multiparæ, and *every position* where it is thought there is no *insurmountable obstacle* to overcome; in various kinds of tedious labor, in abnormal presentations, and in footling cases."

The paper on "Psychical Influence upon the Organization of Structures," by Dr. F. J. Van Vorhis, of Stockwell, is written in the true spirit of scientific inquiry, and whilst dealing with a subject confessedly obscure, exhibits nevertheless, an acquaintance on the part of its writer with much that has been written on Physico-mental science, and is not destitute of original thought. He believes the mind to be an entity, totally distinct from physical organization, and yet exerting upon that organization a marked influence. Let us quote a single sentence. "The power of acquiring belongs essentially to man; the power of self-improvement, essentially to mind; and the acquisition of new physical movements, muscular



control, co-ordination, or whatever you may choose to call it, is in direct proportion to the mental power or capacity." And again: "We are led almost irresistibly to the conclusion, that the acquired power of co-ordinate action, is the direct result of repeated volitional effort."

Two papers follow on Reduction of Dislocation of the Hip Joint; the first detailing a case by Dr. H. V. Passage, of Peru; the second, by Dr. R. E. Haughton, of Richmond. The latter essay is an eminently scientific production, showing much thought and no small research. The Doctor's reasoning is, however, we must confess, just a little obscure, and his conclusions enunciated in eleven paragraphs, will not all take the readers assent by storm. Enough, however, may be comprehended to make it apparent that he objects to the position assumed by Prof. Bigelow, in reference to the sole importance of the ilio-femoral ligament and the non-importance of muscular contraction favoring or resisting the reduction of dislocations. Indeed, the writer claims to disprove some of Bigelow's leading propositions. Whether he does so or not, we shall leave to others more competent to decide such matters than we feel ourselves to be. The paper is illustrated by wood cuts.

"Syphilis; its Pathology and Treatment," by Dr. G. V. Woollen, of Indianapolis, is a paper which will not be dismissed by the reader with a casual glance. It exhibits on the part of the author, not only an extensive acquaintance with the literature of syphilis, but also, much valuable original thought. He advocates the doctrine, and in one view comes very near proving it, that there is an actual difference in nature between the "hard, indurated, or Hunterian chancre, and the soft, non-indurated or suppurating sore." We should like to have space for the whole of the symptomatology of the *two affections*," chaneroid and syphilis, which he presents us on page 86. It must suffice, however, to state that in the former disease, mercury is of no use, but generally injurious; that its period of incubation is only four or five days, and that it is "strictly a surgical disease," whilst of the latter it is true that mercury is nearly always valuable in its treatment; its period of incubation is from one to five weeks, and it is purely a medical disease." The author attributes much of the confusion which has hitherto existed on this subject in the minds of the profession, to the occurrence of "mixed chancres," the result of both kinds of virus operating in the system at once, and each producing its peculiar symptoms. He believes, also, most firmly, that syphilis may be introduced into the system by vaccination, and that we should be on our guard in this particular. This opinion seems to



be disproved by some recent observations of European physicians, though we do not remember the particulars. Dr. Woollen uses mercury by *fumigation*; in true syphilis, preferably to any other method, and gives a plausible rationale of its action. What are usually termed tertiary symptoms, he considers as sequellæ of the disease, and treats them with iodine. During the transition stage from secondary to tertiary, "mercury and iodide of potassium given together or alternated, will often accomplish more than either separately." The essay throughout is highly suggestive.

Next follows an instructive and remarkable case reported by Dr. Wilson Hobbs, of Carthage, and entitled, "Disease of the Skull." By four successive operations, the Doctor removed a large portion of the patient's skull, the disease returning every time, except that it has not yet re-appeared since the last operation, (from December, 1869, to May, 1870.) The Doctor, at the time of the fourth operation, came to a conclusion not previously entertained by him, namely: That the disease was syphilitic. This opinion was not shared by all the gentlemen who took part in the discussion. The case is not only graphically described in words, but also handsomely illustrated by plates, and reflects strong credit upon the Doctor's skill as an operator.

Dr. Charles E. Wright, of Indianapolis, presents us with a valuable paper on Purulent Aural Catarrh, which is an improved name for the old Otorrhœa. The Doctor is rapidly making a reputation in the specialty of eye and ear surgery, as proved by the fact stated in this essay, that he has treated within the past year, "one hundred and fifty-seven cases of aural complaint." He justly combats the notion that these troublesome cases should be abandoned to nature, and presents a very good outline of his own method of treatment.

The report of the Committee appointed last year on a Board of Public Charities, is presented through its chairman, Dr. J. R. Weist, of Richmond. The writer alludes to abuses which have been recently discovered in some of the prisons of our own and other States, and to the efforts which are now making by philanthropic individuals and associations for prison reform, and concludes by recommending that a committee be appointed "to petition the State Legislature, in the name of the Indiana State Medical Society, to enact a law providing for a State Board of Public Charities."

A report sent up from the Wayne County Medical Society, on Medical Rank in the United States Navy, was presented by Dr. V. Kersey, of Richmond, who is its author. Referring to the trial and

censure of Past Assistant Charles L. Green, by a court martial, for refusing to take a man's name from his sick-list at the order of an officer of the line, he reviews in a clear and forcible manner, the past and present relations existing between "staff" and "line" officers, and concludes by proposing the following resolution, viz :

*Resolved*, That in the judgment of this Society, it would be right for physicians, and we hereby recommend them, one and all, to decline service in the United States Navy, until Congress shall, by legislation, secure to the Medical Staff, rank, rights, privileges, immunities, emoluments, and honors, equal to any of the most enlightened nations of the civilized world."

The present writer, believing that all preparations for war in time of peace, whether by sea or on land, are not only useless but mischievous, would respectfully ask whether physicians would not do well to decline service in the United States Navy, or any other navy, *under all circumstances?*

The transactions are gotten up in excellent style; on good paper, and ornamented with the seal of the Society referred to in the last number of the JOURNAL. The latin motto literally translated, reads thus: "Physiological medicine is the true knowledge of the prevention and cure of disease."

By comparing Dr. Weist's amendment, on page 150, with the motion to adjourn on page 151, it will be seen that there is some confusion. Will the editors please to state clearly the time of meeting next year, both of the State Society and the American Medical Association?

D. C.

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### MEDICAL RELIEF FOR THE POOR.

Perhaps there is no one charity so popular in all countries as that which gives medical relief to the poor. Almost every city in the world which can lay claim to a large population has one or more hospitals, which are either kept up by city government, church contributions, or by individual donation. Besides the Hospital charity, which gives both medical attendance and residence to the sufferer, that of medical relief given by Dispensaries is quite as beneficial, and is as much needed; in fact, it is now being questioned in Europe whether the latter charity is not the most useful. As it is well known that massing sick people into one building, who are suffering from various disorders—no matter how completely separated by wards—that the fatality is greater than when the same class of cases are treated in their own houses or in detached buildings. So evident

is the benefit derived by separation of cases that the magnificent hospitals, in which hundreds and in some cases thousands of beds are to be found, will, in all probability, give way to the hospital cottage plan now becoming so popular in England.

But we did not intend to discuss hospitals at this time, for however much they may be needed for some classes of cases, we fear that the apparently more simple plan of medical relief for the poor, by dispensary practice, is too much neglected in the smaller cities of America.

Most of the worthy poor in our country can and do have some kind of a residence, be it house or hovel, and they can, with but slight assistance, get food; but when sickness comes upon them they have not the money to pay a physician for constant and regular attendance; and although medical men in the regular profession are, above all, the most self-sacrificing and generous, yet they cannot attend to a large number of such cases without financial ruin. In every town and city there may be several physicians who are universally kind and generous to the poor, and the others, while willing to do some poor practice, will, as a rule, turn an unknown poor patient from his door, of a dark cold night—no matter how urgent his need. Now the former class of physicians, of course, soon have almost the entire charitable practice to do, and, as a rule, are always poor themselves, while the latter class live in ease.

Again: the physician visiting the poor knows full well that if medicine is needed—that it is giving them no relief at all to give them a prescription, for they could not get it put up by the apothecary for nothing—and the result is he must furnish the money himself. Most of the sick poor of our towns and cities cannot be benefitted by a hospital, because the mother of a family could not well be separated from her little suffering ones when suffering ordinary ailment, and in most cases many would be made to suffer for the slight benefit to one. Now a well regulated dispensary obviates most of these difficulties.

First. Every one can contribute to the relief of the sick poor, and society will not be outraged at the numerous cases of neglect, which so often occurs.

Secondly. The physicians would share equally the burthen of attendance upon the destitute, certain days and hours being appointed for each.

Thirdly. The poor would be more benefitted, because their cases would be better classified; persons suffering from lung diseases would find counsel and advice in some physician's care, who would daily

become more skillful in such complaints. Diseases of the eye and ear, and diseases peculiar to women would each be recommended to physicians who were more specially skilled in those departments of practice.

Besides the regular dispensary attendance, there is a system of out-door visiting, which gives the poor of various wards and districts the attendance of the physician when the patient cannot come out, and the prescription that may be given will be put up at the dispensary.

Such an institution divides work, and gives the best medical attendance to the poorest persons.

The cost of a dispensary is not great. It requires one or two rooms, and a few hundred dollars will provide an abundant supply of medicines and instruments. In small cities that employ a city physician, and have but one dispensary, he should be compelled, and sufficiently paid, to spend at least ten hours of the day as resident physician—and abundance of help might always be had from young physicians and students in preparing medicines and dispensing.

We hope that, before many years, every city of six thousand inhabitants in Indiana will have a well regulated institution of this kind.

THE Faculty of the Indiana Medical College resolved to confine the matriculation of students to "White Males" for present session. This does not effect the status of any who matriculated during the sessions of 1869-70, as indeed it could not.

The reason for such action upon the part of the faculty, we understand, was to be in harmony with the action of the American Medical Association, whose authority they acknowledge, whether they agree in sentiment or not.

THE Indianapolis Academy of Medicine convened again upon the evening of the 5th, after a recess of two months. Its reopening was inaugurated by a very good description of "Hay Asthma," being a report of a case by Dr. G. V. Woollen, of this city. The patient and the Doctor ascribed the attack to the pollen of "rag weed," with what truth was the main point of discussion.

This most annoying complaint, its causes, treatment, etc., claims more fully the attention of physicians throughout the country, at this time, as it is illy understood, and often resists all treatment.

We have on hand a report of a case which we design publishing in our next issue.

# GLEANINGS FROM FOREIGN JOURNALS.

Translated by **GUIDO BELL, M. D.,** of Indianapolis.

Iodine, when given to full-blooded and irritable persons, often causes dizziness, ringing in the ears, and trembling. In nervous debility, anæmia and chlorosis, the effect is contrary; giddiness, headache, visions, and other neuroses disappear. The effects are sometimes surprising, and often permanent. One drop of the ordinary tincture, diluted with an aromatic water, is to be given four to six times daily; or one pill of one-tenth of a grain of iodine every two hours. Guillemin treated twenty-seven epileptic persons with this remedy. In four cases he had to desist in the beginning, eleven cases showed no effect, eight cases were cured, and four improved.—*Berlin Klin. Wochensch.*

Sulphate of zinc strengthens the skin. One-half to two pounds of it for a full bath is recommended in cases of irritable skin, sweating feet, etc.—*Neu. Jahrb. of Pharm.*

Tannic acid, dusted into the boots, is recommended for sweating feet.—*Böttcher Notizbl.*

Phosphorated oil rubbed on the forehead, and distilled into the eye, softens and absorbs hard cataracts.—*Tavignal.*

The stomach-pump was found very useful in ectasia of the stomach.—*Kussmaul, Niemeyer and Bartels.*

Kussmaul says simple enlargement of the stomach, and simple stenosis of the pylorus can be cured frequently. Relief only can be expected in cases of cancer of the pylorus, of large scars, or disorganization of the gastric wall. Immediately after the operation the patients have great relief; vomiting is lessened; no more physical symptoms of enlargement are found; the contents of the stomach are less sour and black, and the stools become free and regular. The stomach is emptied, and cleaned out with water containing soda. The operation is performed the best before breakfast. Drinks of soda-water [our soda-water contains no soda] are supporting; drastic pills required sometimes. Prof. Kussmaul has published twelve favorable cases.

Some other cases are reported by Prof. Niemeyer. The patient can employ the pump himself. Pains cease immediately after the



operation. It is not dangerous. The alkaline solution destroys the sarcina. The cleaning out is to be repeated as often as pyrosis comes on. One case of bleeding is reported, due to the carelessness of the operator. Other remedies than antacids—for instance, the nitrate of silver or the perchloride of iron—have not yet been tried.—*Berlin Klin. Wochensch.*

Dr. Ploss, of Leipsic, describes an apparatus for gastric douche, similar to the nasal douche, but with a double channel. He recommends it in poisoning, chronic catarrh, pyrosis, enlargement of the stomach, and stricture of the pylorus. It works on the same principle as the nasal douche.—*Deutsche Klinik.*

Dr. Betz made exact studies on folia uva ursi, and found it useful only in cases of blennorrhœa of the bladder, caused from ammoniacal fermentation, when the urine becomes clammy and mucous. The result was constant and evident. How effectual it is in pure ammoniacal urine may be found by other experiments. Betz explains the different opinions on the value of uva uri by inexact indications. The formula is one-half to one ounce of the leaves to eight ounces of water, half a tumbler full every two hours. Of the extract, five to fifteen grains three to four times daily; of the powder, fifteen to thirty grains.—*Memorabil.*

Dr. Weisslechner, of Vienna, says the catheterization of the larynx is the surest [next to tracheotomy] and most rational remedy in suffocation in consequence of croup and diphtheritis. He uses a hard rubber tube of the form of a funnel, the lower mouth being fitted into an elastic catheter and guided by the left hand. Dr. W. speaks highly of his success in croup; the larynx never was hurt; the instrument is easily controlled; the relief is instant. His treatment is not new, nevertheless we mention the above experiments showing a recommendable method of local treatment of the lungs.

Dr. Müller was successful in cramps of the legs by binding them. Dr. Le Viseur, of Posen, simply uses his hand, grasping patient's foot and flexing. Cholera patients thus obtained immediate relief.—*Memorabil.*

To prepare a good oil mixture, Mr. Nougaret (*Jour. de Bordeaux*), gives the following directions: Thirty parts of oil (castor or other oils) are mixed in a dry bottle with five parts of gum arabic, then thirty parts of sirup and ten parts of water are added.

Cases of self-poisoning by hydrothionic acid are reported. [Betz, Senator.] Collapse, with pain in the ileo-cæcal valve, corresponding symptoms of tympanites, obstruction and eructation, with a hydrothionic smell, are met with.—*Berlin Klin. Wochensch.*

Dr. Boinet uses tincture of iodine as abortive remedy in small-pox pustules.

Dr. Koch recommends, in asthma and emphysema, pills containing each, arseniate of ammonium .03 of a grain and muriate of morphia .075 of a grain. One pill, increasing to six pills daily, are to be taken.—*Revue Med. Belge.*

RAPID CURE OF A PLEURITIC EXUDATION BY ABSTAINING FROM WATER AND WATERY ALIMENTS.—Nov. 20, 1869, a man 43 years of age came into Prof. Niemeyer's hospital, with a pleuritic exudation in the right side, of two weeks' standing. The effusion reached to the third intercostal space. No fever. The patient was compelled to abstain from drinks and fluid aliments for several days. Some bread and a little salty sausage were allowed. He ate the bread, but could scarcely taste the sausage; his tongue was so dry that swallowing was nearly impossible. Sometimes he took a small piece of apple, and was contented by putting the tongue to the window glass. Nov. 23, the dullness was below the nipple. From the 24th, the patient drank half a pint of wine daily. Nov. 27, the dullness over the liver normal. For two days, a rubbing sound in the pleural region. The patient went up stairs rapidly without much trouble. Eating and drinking allowed, but no appetite. The patient, having had only one stool during the whole time, took a purgative. The following day (28th) he was discharged, cured.

We call the attention of every practitioner to a standard work on ear diseases by Dr. Gruber: *Lehrbuch der Ohren Heilkunde*, Wien, Gerold, 1870. The *Prager Vierteljahrschrift* calls it absolutely the best work on ear diseases.

## MISCELLANEOUS.

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### ON THE VALUE OF A LARGE SUPPLY OF FOOD IN NERVOUS DISORDERS.

Among the various therapeutical agents and innumerable drugs advocated and employed for the relief of nervous weakness, and the cure of the disorders which thence arise, it is possible that the unaided effects of food may not in all cases have met with the trial they deserve. Patients thus affected are told to live well and adopt a generous diet, but the generosity of this is usually estimated by the amount of port wine or other alcoholic stimulant, rather than by that of the bread, mutton, or beef.

Certain chronic invalids who have been brought under my notice, have been lifted out of their former condition of "nervousness" by a large increase in the quantity of their food. They have been people suffering from some general neurosis, taking the form of an insanity of a low and depressed character, or hypochondriasis, hysteria, alcoholism, or neuralgia, affections closely allied one to another, which may be witnessed in one form or other in individuals inheriting the same neurotic temperament. We may see different members of the same family displaying one insanity, another neuralgia, a third hypochondriasis, while the conversion of one variety to another is a matter of every-day observation.

A paper on "Indiscriminate Stimulation in Chronic Disease," from Dr. Anstie's pen, appeared in this journal in July last. With all that he says I cordially agree, and more on this portion of the subject need not be urged at present. It is a matter of the gravest importance that the treatment of such cases should not be conducted by means of unlimited supplies of alcohol.

If we inquire into the past history of nervous patients, and have the opportunity of learning accurately the facts thereof, we often find that for a considerable time the supply of daily food has been in no degree adequate to the necessities of the individual. Here is a common case. A man somewhat past middle life, but whose years do not imply senile decay, becomes unfit for business, fidgety, irritable, depressed, or even melancholic to the extent of insanity. We hear that he has been a hard-working man of business, always nervous, and very probably an indifferent sleeper. Being most heavy for sleep in the morning, he has risen at the latest moment, and, snatched

a mouthful of breakfast, has hurried off to catch the train or omnibus, worried and anxious lest he fail to reach his office at the hour appointed. At lunch-time, if he be really hard-worked, he takes, not a meal, but a sandwich or biscuit, eaten perhaps standing, and often bolted in so great a hurry that digestion is difficult; he tells us that he dare not take more of a meal in the middle of the day, for he would be rendered unfit for the remainder of his work. In the evening, with what appetite he may, he eats his dinner, perhaps not before half-past seven o'clock. Now, granting that his dinner is amply sufficient, such a man lives on one meal a day with very little besides. These are the persons who cannot go on without frequent holidays; nervous by inheritance, they break down because they are insufficiently fed. A holiday, from which they live better, builds them up again for a time, again to break down; often to fall into the condition above-mentioned. Another class among whom we may frequently witness the same result and corresponding symptoms are the clergymen who for various reasons deny themselves an adequate amount of food. Either they fast rigidly, according to the rule and doctrine of the day, often allowing some hours to elapse before they break their fast, or they think that hearty eating is a snare and a carnal enjoyment, or they hold it sinful to eat their fill while others are in want. Whatever the cause, certain it is that many of the clergy break down in one or the other of the forms of nervous disorder already enumerated, and an enlarged dietary is to them a necessity. A vast number of women, for one reason or other take a very small supply of food: some think it unladylike to eat heartily; some eat on the sly, and when this is not practicable, go without. Many from the lives they lead are doubtless correct in saying they cannot eat because they have no appetite. These stay in the house from month to month, or never venture beyond the door except in a carriage, because ladies do not walk in the streets. Others have misgivings on the score of their digestion. Like many women who lead sedentary lives, and habituate themselves to passing long periods without action of the bowels, they suffer greatly from constipation, which is looked upon as an indication and a warning that they ought not to eat. So they starve themselves, and fancy that if they abstain from food it is of little consequence whether they pass a motion once a week or once a fortnight.

It may be well to consider somewhat more in detail the various neuroses which have been mentioned.

The first on the list is low nervous depression, commonly known as melancholia, the most formidable of all that have been named, the

one most likely to run in a short time into serious and even fatal insanity, but which, if arrested at an early stage, is often singularly amenable to treatment. In almost every example of this variety, and almost from the commencement, we find a marked disinclination to take food, and in extreme cases it can only be administered by some kind of forcible feeding. In milder cases, and at an early period, it will be taken if we insist upon it, and the result of a large supply is frequently manifested in a very brief time. It has been frequently asserted by many writers that refusal of food on the part of melancholic patients is due to dyspepsia, and in confirmation of this opinion they point to the foul and furred tongue, the obstinate constipation, and the fœtor of breath so constantly observed in such patients; but this condition of the tongue and fœtor are due, I am convinced, not to gastric disturbance, but to the generally depressed and devitalised state of the individual; and the best proof of the absence of dyspepsia is that, although we suddenly compel the ingestion of what, compared with that previously taken, may be called an enormous quantity of nourishment, the stomach by no means rejects it, but, on the contrary, retains and digests it, as is shown by the rapid amelioration which takes place. It is inconceivable that dyspepsia can be the cause of refusal of food when the administration of it is unattended by sickness or inconvenience, even when that which is taken into the stomach is not light invalid-diet, but such substance as beef or mutton. From my own observations, and from the subsequent confession of patients, I am inclined to believe that the refusal of food is in almost every case the result of delusion, this being in turn the result or interpretation in consciousness of the extreme nervous depression and exhaustion under which they are labouring. They are too wicked to live, too wicked to eat; it is sinful to pamper their flesh and their appetites; they beg for cold water and dry bread, but the idea of a good dinner their soul abhors. If we see such sufferers at an early stage when forcible feeding is not necessary, and they will take that which is ordered, merely protesting against the uselessness or wickedness of the proceeding, we may prescribe a very large amount of food without fear, nay, with a confident expectation of the greatest benefit. What the food is to consist of is a point on which little need be said. It is not necessary to adhere to a sick diet,—to beef-tea or boiled mutton, to essences of beef or Liebig's food or any other of the concentrations so loudly recommended. The ordinary diet-list of the individual in health may be given without hesitation—fish, game, poultry, meat, puddings, and the rest. His appetite should be stimulated by variety,



and his dishes may be savoury as well as wholesome ; but the supply must be large. Such patients for the most part have accustomed themselves to eat during the day a scanty and insufficient amount, and we shall be told that latterly they have not taken half their usual quantity. It is not too much to say that they require double that which they have so long taken ; and as we shall not be able to induce them to eat double the quantity at a single meal, it will be necessary to multiply the number of the meals. Instead of breakfast, lunch, and dinner, two of which have probably been but the semblance of a meal, we may institute a series of feedings after this kind : First, something may be given early in the morning, before the patient gets up, as rum and milk, egg and milk, chocolate or *café au lait*. This will be useful in allaying the feeling of extreme depression and dispelling the gloom and suicidal thoughts so constantly present on first waking! Next, breakfast may be taken, after dressing, and between it and two o'clock lunch something else, as beef-tea or a sandwich. The dinner hour should not be later than six, and at bedtime some light kind of supper should not be omitted. By this kind of division, food may be administered six times in the day ; and if the patient wakes in the night, and is restless and nervous, and disinclined to sleep again, food, taken even in small quantity, will often bring back sleep. With all the food may be given a reasonable amount of wine, or wine and stout, and this not by way of curing the disorder by stimulants, but because in conjunction with them less food appears to be required, and also because the addition of some wine or beer often renders the taking of the food more easy to the patient.

Now the latter, and it may be the friends, will protest loudly that it is impossible to take this quantity : he will assign every conceivable reason for avoiding it ; but if we are firm and insist, and, if necessary, cause him to be fed with a spoon, he will retain and thrive on it, and in a few weeks, or even days, will show very marked signs of its good effect. Patients have recovered under this treatment in a singularly rapid manner. Some learn in a short time to appreciate the benefit of the food, and miss their meal if from any cause they are unable to take it at the appointed hour, and some have gone on for years after their recovery taking, not the quantity prescribed during the acute stage of their illness, but one very much larger than that on which they had endeavored to live for so long, and under such a change of regimen have lost all trace of the depression and hypochondria from which they formerly suffered. Although beef-tea, chocolate, and milk have been mentioned as articles of diet,

it by no means follows that liquids are to predominate; on the contrary, solid food is far better as sedative, and also far more nutritious, and it may be taken as in health. Much has been said concerning the advantage of fatty food in nervous disorders, and sugar has been thought to disagree with these patients; but in my own experience I have found that all the various foods—the fatty, the starchy, sugar and meat—may be given in due proportion at any rate to the individuals now under consideration. If this amount and description of diet be administered, there will be little need of medicine, except perhaps of morphia or chloral to procure sleep at the commencement of the treatment.

The next variety of neurosis in which the efficacy of abundant food is markedly shown, is alcoholism, whether acute or chronic. I shall not here enter upon the question whether delirium tremens is ever caused by the removal of alcohol; controversy upon this point is not yet at an end, and it will exist so long as we are ignorant of the precise pathological cause and condition of delirium. But whether alcohol is to be entirely avoided or not in the treatment of this disease, it is, I believe, an established fact that abundant nourishment, not spoon diet, but solid food, should be given as soon as the stomach can retain it. The irritability of the latter is a difficulty to be met in various ways, and owing to this we may at first be obliged to resort to concentrations of food; Liebig's extract, various preparations of beef-tea, and so on. It would appear that sleep is far more easily procured, and medicines given for it are far more efficacious, if an abundant supply of nourishment is administered at the same time.

It is rather, however, in chronic alcoholism that the good effect of food may be witnessed. Here it is often of the greatest consequence to abolish alcoholic stimulants entirely; in fact, in such abolition lies the only hope of effecting the reformation of the chronic drinker. The intense sinking and craving for the accustomed stimulants may often be effectually met by food, especially if a small quantity be given frequently, as recommended already. Such patients are unquestionably most difficult to deal with; they assign reasons of all kinds for rejecting food, and for being treated by their favorite remedy. They are faint, they require support, they suffer from stomach ailment, from pain, from want of appetite, nausea, or sinking; but they rarely vomit that which they take if drink is withheld, and this is a tolerably sure sign that the stomach is equal to the digestion of the food. The symptoms of alcoholism need not be here described; but whether they be the transient and immediate

results of a heavy debauch, or the grave signs of commencing degenerative change of the nerve tissues, which runs to alcoholic paralysis, epilepsy, or dementia, food is equally demanded, and is in fact the one thing which can arrest this degeneration by supplying nutritive elements in large quantities. The recovery in such cases is often astonishing. I lately saw a young man who for many weeks was completely paraplegic, but who nevertheless entirely regained the use of his limbs. The recoveries, too, from alcoholic dementia are often equally surprising: in fact there seems scarcely any state from which recovery may not take place if the disease has not existed for a long period, and if we are able to withdraw all alcohol, and administer nourishment in large quantity.

There are a number of people whose nervous temperament displays itself in symptoms which are called in common parlance hysterical, or hypochondriacal. While young they are termed hysterical, especially if they are women; when older, they are known as hypochondriacs, and their nervousness then takes for the most part the form of depression and anxiety, or even suffering on account of some fancied bodily disorder. Now, although hysteria is held by some to be peculiar to women, and discussions are raised as to whether the seat of it is in the womb or the ovaries, or elsewhere, it is, I think, a fact there is the closest of connection between these two neuroses; that the condition of my patients would be as well described by the one term as the other, and that the subjects of both the one and the other may be of either sex.

Few of these will be found to take an adequate supply of proper food, and those who take the least will present the most distressing symptoms of their disorder. The hypochondriacal direct their attention to the digestive organs more frequently than any other region. They suffer from constipation, flatulence, and a host of other evils, and for this reason either shun food, or eat most unwholesome and extraordinary combinations irregularly or at long intervals. Hysterical women—I am now speaking of young girls—are especially prone to eat irregularly; to take food, if possible, when unnoticed; to eat altogether a very inadequate quantity, and to eke it out by an inordinate proportion of stimulants. If we look at such, especially hypochondriacal their whole aspect betokens innutrition. Often they are miserably thin; if they are given to drink they may be fat, but their flabby tissues speak of low organization and defective power. It is evident that the nervous energy of such people is very low; this is manifested by their mental depression and disturbance, and the defect must be supplied from some quarter or other. But

whence can a supply of force come except from the material of food taken into the system by the alimentary organs? Moral measures are, it is said, and said truly, essential to the recovery of such persons. But moral measures constantly fail, because the bodily health does not allow of mental improvement, and is not *pari passu* attended to. As in more marked mental aberration no amount of argument, proof, or moral suasion will expel a delusion which vanishes of itself when bodily health is renovated; so change of scene, change of persons, and moral treatment of every kind, will fail with the hysterical or hypochondriacal so long as they try to live upon physic or alcohol, or upon a diet almost devoid of nutritive elements.

It may be objected that some hypochondriacal patients eat, not scantily, but enormously, taking more than is necessary for a person in health. Such are to be found, but in my experience they are the least to be pitied of their class. Though nervous about themselves, and prone to take notice of the slightest indication of anything they may think an ailment, they are not generally depressed or unhappy, but, after a fashion of their own, they exert themselves, and enjoy life. Such people, I believe, take this amount of food from a feeling that it is to them a necessity, and thus they keep at bay the graver nervous disorder which perpetually threatens them, and the matter of alcoholic stimulants they rarely exceed. Food is to them a stimulus, and were it withdrawn they would speedily show signs of more serious mental mischief.

The other subject on which I propose to say something is neuralgia. It is obvious that any observations upon it must be of the widest and most general character, and that no account can be taken of the special forms of this neurosis, or of any pathological changes connected with it. Believing with many others that neuralgia is one manifestation of impaired sensibility, as other neuroses may be displayed in mental symptoms, and in these alone, I think that the radical cure, and not the mere alleviation, is to be found in many cases in the supply of a large amount of nutriment to the nervous system. The confessed failure of drugs in the case of neuralgias, and the mere temporary alleviation by such methods as hypodermic injection, inhalation, or a dose of alcohol, point to the necessity of some more general mode of treatment, which shall effect a greater change in the functions of the nervous system. Those whose experience is greater than mine speak highly of the utility of fatty food, of cod-liver oil, cream, butter and the like. Whatever the form of food specially indicated, it generally will be found the entire amount requires to be increased, and that the quantity taken for a series of

years has been deficient. It may be that the alimentary system of elderly persons will be found incapable of assimilating the requisite amount. On the intractable nature of the neuralgias of the aged, nothing need here be said.

With two remarks I will conclude. First, in all chronic forms of neurosis, alcoholic stimulants in any but the smallest quantity are a hindrance rather than a help—or productive of evil rather than of good. Secondly, in such disorders the fear, so commonly entertained both by doctors and patients, of “overloading the stomach,” producing “biliousness,” and the like, is in the majority of cases not realized when the plan of administering food in large quantity is tried. Great opposition will be offered by patients, and every kind of evasion attempted. They will swallow bottles of medicine far more willingly than they will eat sufficient meals at regular intervals. To induce them to do this is often a difficult task, and here moral handling is required. If this is judiciously applied to the patient and the patient’s friends, some very remarkable results may be attained.—*The Practitioner*.

ON QUININE IN INFANTILE DISEASES.—Professor C. Bing, of Bonn, calls attention, in the *American Journal of Obstetrics* for May, 1870, to the value of this drug in some diseases of children. He remarks :

Of the acute exanthema of infants, I would mention one particularly as being within the sphere of the influence of quinia, namely, *erysipelas neonatorum*.

This disease, as is well known, belongs to a class which almost invariably terminates fatally. As a general rule, an internal dyscrasia or an external putrid ulceration of the navel is assumed as its cause. A German naturalist of renown related the following case to me last year at an accidental meeting, which I am obliged to recount from memory, not having made any memoranda of it at the time. For the accuracy of the main points I am responsible.

A male infant of his own was attacked by violent erysipelas soon after birth. The physician who was called in by him, a well-known German gynæcologist, prescribed the usual remedies, but pronounced the case a hopeless one. The father, who is versed in medicine, now began to treat the child upon his own responsibility, and having a high opinion of the curative powers of quinia against collapse, from which the child also suffered to a great degree, he administered the sulphate in comparatively large doses. The erysipelas in a remarkable manner, all danger soon vanished, and the boy recovered completely. Subsequently, coxitis developed itself and ran its usual course.



In the small clinic which I have established here, I have treated for the past two years all the cases of pertussis, without any exception, with quinine. The best proof of its good effect is seen in the fact that those in charge of the little patients repeatedly call again for the "bitter medicine," whenever they have succeeded either by coaxing or force, in administering it to them. There was a most striking difference to be seen in those whom it was impossible by any means to induce to swallow the solution of quinia. In these cases the whooping-cough assumed its regular obstinate course; in the others, although living in all other respects under perfectly similar circumstances, the paroxysms were always reduced in frequency and severity.

But, according to my experience, three conditions are absolutely necessary if we desire any good from quinine in whooping-cough: *It should be given in solution; the dose should not be too small, and should not be administered in a vehicle that will prevent it from coming in contact with the mucous membrane in its passage through the pharynx.* The reasons for these rules are so obvious that there is no occasion for me to dwell further on them. The neglecting of one or all of them is perhaps the reason why other observers, Henock, for instance, have heretofore seen no positive results from quinine. *Half-Yearly Compendium of Medical Science.*

HAVING seen nothing in your very valuable monthly "*Journal of Materia Medica*" in regard to disguising the taste of Sulphate of Quinine, I wish to recommend to your favorable notice, Chocolate combined with Syrup of Orange Peel. This vehicle in my experience, has been found to effectually disguise the disagreeable and nauseating taste, which so often renders Sulphate of Quinine objectionable in prescriptions. The following is the formula which I am accustomed to use:

R	Quiniæ Sulphatis.....	℥	i.
	Cocoa.....	3	i.
	Syrupus Aurantii Corticis.....	f.	3 xx.

Triturate well the Cocoa, after which add the quinine and orange peel. Then mix thoroughly.—*The Journal of Materia Medica.*

# CHEMICAL AND SCIENTIFIC.

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A NEW TEST FOR ALBUMEN.—Mr. Chas. M. Tidy, lecturer on chemistry at the London hospital, publishes a new test for albumen in the *Lancet*, May 14, 1870.

He says: "The importance of detecting of a minute trace of albumen in the urine must be my apology for proposing another test, which I am disposed to regard as more delicate than any I have ever tried. It may be that I have practiced it more and know its peculiarities better than other tests. I do not propose it as likely to take the place of nitric acid, because it can be so easily obtained, and for all practical purposes shows a sufficiently marked reaction, especially when used in the manner proposed by Dr. Andrew Clark, of floating the urine on the acid, and noting the white layer of coagulated albumen where the two liquids join. \* \* \*

The first method I adopted was a mixture of glacial acetic and carbolic acids. I still think this gives satisfactory results, but its preparation requires care. If there is too little acetic acid, the carbolic acid is not thoroughly dissolved when added to the urine, and this renders the liquid strictly opalescent, which appearance might be mistaken for a trace of albumen. If too much acetic acid is added, then the excess will redissolve the albumen. The plan I adopted is as follows: I mix equal volumes of the two acids, and then see whether on adding this to a little water in a test-tube, the liquid after being well shaken, become perfectly clear. As a rule, I find this proportion about correct; but if it does not become clear, I then add a little more acetic acid, trying it after each addition, until the desired point is reached.

The second plan which I have to propose, and which has its advantages, is as follows:—Add to the liquid to be examined in a test-tube ten minims of alcohol (I employ it with a specific gravity of 0.805), shake thoroughly, but *gently*, so as to avoid the production of froth. Then drop in the same quantity of carbolic acid, and shake very thoroughly. Allow it to stand for a minute; and if the merest trace of albumen is present, distinct flocculi will be seen floating on the liquid. The alcohol and carbolic acid may be kept mixed, although I think it more delicate when the experiment is made by dropping them in separately.

Respecting its delicacy, I may say that I can obtain distinct reactions with quantities of albumen that are undiscovered by nitric

acid, or heat and nitric acid. Distinct flocculi may be noticed with a solution of 1 part of albumen in 15,000 of water; whereas 1 in 8,000 is the smallest quantity discoverable by nitric acid.

I may suggest, that if we are testing urine that contains such a small quantity as I have named, it will be necessary, in all probability, to filter it before applying the test; but of course this is not required, as a rule.

I will just add, that I have not as yet found anything in urine that will give this reaction with the test I have proposed, except albumen.—*Half-Yearly Compendium of Medical Science.*

TEST FOR ALCOHOL.—In the *Pharmaceutical Journal* for 1869, M. A. Lieben states that the following reaction affords the means of detecting small quantities of alcohol:

A small quantity of the suspected liquor is introduced into a test-tube with some grains of iodine and a few drops of caustic soda. The mixture is heated slightly, but without boiling; if alcohol is present, a yellowish crystalline precipitate of *idiform* is deposited. He avers that one-two-thousandth of alcohol dissolved in water can be detected.

By applying this test to the examination of ether, M. Lieben has found that it is very difficult to remove the last traces of alcohol from that substance by washing with water. To avoid so many washings he thinks it better to submit the ether to an oxidizing mixture of bichromate of potash and sulphuric acid; then to remove the products of oxidation of the alcohol by washing once or twice with water.

M. Lieben has also applied his reaction to the examination of urine after drinking alcoholic liquids. He can always detect alcohol in the first portions of the distillate.—*Half-Yearly Compendium of Medical Science.*

MEDICAL CORONERS.—The number of medical coroners steadily increases—a fact showing that the public is gradually adopting the views that we have long pressed upon its attention, that the office of coroner is one properly filled by a medical man. In the borough of Buckingham a medical candidate has just been successful in a contest with a legal one. The new medical coroner is Mr. Robert De'ath. Mr. De'ath is already deputy coroner for a division of the county of Buckingham. We congratulate him on his appointment, and have little doubt but that he will so act as to incline the county of Buckingham to follow the example of the borough, and elect medical coroners as occasion may arise.—*The Lancet.*

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ORIGINAL COMMUNICATIONS.

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REPAIR OF WOUNDS BY GRANULATION.

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Read at the Wayne County Medical Society, October 13, 1870, by R. E. HAUGHTON, M. D., of Richmond, Ind.

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[CONTINUED FROM SEPTEMBER NUMBER.]

- 1st. Healing of Arteries and Veins.
- 2d. Effusions of Blood and Serum.
- 3d. Effusions of Fibrin.
- 4th. Development and Degenerations of Lymph, Fibrin and Albumen.

Wounds of capillaries and wounds of arteries and veins will heal by "immediate union," or by primary adhesion, as other tissues; and the effused blood, which has been diffused in the surrounding structures, will be absorbed, as in injuries beneath the surface producing "ecchymoses." A punctured wound of an artery, or one divided in a part of its circumference, may contract, and if active inflammation occur in the vessel at the site of the wound, may cause coagulation and closure of the vessel; yet commonly, with judicious management, the wound closes by compression of the vessel, and it continues to carry its quantum of blood, which is proved by the pulsation in the distal extremity. When a puncture has occurred in the walls of an artery, we have hemorrhage into the surrounding tissues, which is extravasation, and, sooner or later, the blood thus thrown out coagulates and closes the wound, which may again and again open and bleed, producing increasing infiltration of the tissues. In small vessels the vessel may be closed effectually. In rupture

also of the walls of the vessels the same process is effected; the vessel is closed by organization of the clot, and the injury of the vessel is repaired. If larger vessels are the source of the bleeding, they may be compressed till coagulation and closure of the puncture or rupture can occur, yet when the pressure is removed there may be renewed hemorrhage; and if this is repeated, healing of the edges of the wound does not occur, and no progress is made toward a cure, in which event delay is improper and ligation the proper remedy.

Again: In small vessels, which may have been wounded, it may be proper to divide the vessel entirely, that contraction of its muscular coats may close the vessel, or by its retraction and contraction the bleeding is arrested. In the division of an artery there are three objects to be accomplished: first, the natural or mechanical arrest of the hemorrhage; secondly, the closure of the two orifices and the subsequent disposition of the blood which is extravasated, and the coagulum formed in the caliber of the vessel. In the contraction of the vessel after division, and retraction into the tissues, we have first a narrowing of the vessel, which is aided by the coagulation of the blood external to it, so that the coagulum without the vessel is connected with the coagulum within it. While this is true, nature aids the process by the effect produced by the loss of blood upon the heart's action, which is weakened as syncope approaches till the force of the onward current is very much broken, and thus the coagulum closing the vessel is not expelled or broken up; and by this means hemorrhage is controlled, life is saved, and the vessel is closed. The very interesting question is at this point presented to the mind by the series of facts which have occurred in the arrest of a hemorrhage and closure of a vessel—How, and by what process, is an artery closed, and what are the conditions? We should have remarked, in reference to wounds, punctures, etc., of arteries, that the hemorrhage being controlled, the closure of the wounds of the vessel is effected in the same way as wounds in other tissues, first by "immediate union," if the wound or puncture be small and in the direction of its length. The annular fibres contract and at once close the wound. If, however, the wound be larger, or in the direction of its circular fibres, copious hemorrhage occurs, and false aneurism, a pulsating tumor is one of the conditions. But controlling promptly the bleeding in such a case, we get coagulation of blood and an organization of the clots, and the vessel is converted by such organization into a dense obliterated cord, with none of the characteristics of an artery remaining. When thus obliteration of



a vessel is effected, either by a natural process or by a ligature, the circulation is still carried on by an enlargement of collateral branches, and in process of time the requisite supply of blood is furnished, as before, to the structures which had been supplied by the now obliterated vessel.

In the larger wounds of arteries, the repair will be effected by "adhesive inflammation," although the structure of arteries does not subject them so easily to inflammation as the veins; yet it does occasionally occur as an idiopathic affection, and is manifested by redness of the lining membrane, which exists in patches and variable in intensity of color. Softening of the tunics of the vessel occurs, and, in some instances, so much that the walls of vessels thus affected will not bear ligation, but are cut through with slight force.

We will consider the manner of the obliteration of an artery by a ligature, and afterward by compression, as both methods are used effectively in the control of hemorrhage. As small arteries close and cease to bleed, it is proper to assume that it is owing to their contractibility and coagulation of the blood. But larger vessels require ligature, or compression, for effectual control and final closure, or obliteration of divided or open orifices. Now the ligation of a vessel, is to control hemorrhage caused by a wound in some part of its course, but it is not so much the repair of the wound that we are anxious about, but hemorrhage and ligation of the vessel produces another wound, but of a different character, which divides the internal and middle coats, and continues the compression of the external coat, to which is super-added the irritation of a foreign body in the ligature; which, however, is largely mitigated at present by the use of metallic ligatures, as silver, iron or lead, and which are not so deleterious by their presence, as others. The operation, or effect of the ligature, at once controls the bleeding by compression of the vessel, and by its compression producing inflammation, effusion or exudation of plastic lymph, which unites the coats of the vessel thus compressed. \*("This occurs, also, if even the walls of the vessel are brought into contact, while the inner coats of the vessel are not divided by the action of the ligature.") Dr. Jones asserted the above opinion to be incorrect, and that it is necessary that the coats of the vessels be so divided to secure the necessary inflammation for the ultimate closure of the vessel. But, that the cutting through of the coats of the vessel is not necessary, has been proved by the trial of continued pressure, which did not disturb

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\*Dr. Jones, London, 1805; *A Treatise on Suppression of Hemorrhage.*

the integrity of the inner tunics. Both Scarpa and Crampton, proved by their experiments, that the inner coats of arteries, which belong to the class serous membranes, are quite disposed, without this cutting, or from divided and punctured arteries and veins. Division, to the adhesive inflammation, with the production of plastic lymph, and that continued compression, suffices to bring the tissues of the vessel to adhesion. Hence, the difference in practice of surgeons who may take one or the other view, in tying vessels tightly, so as to imbed the ligature in the vessel, and those only who seek to compress its walls together and stop the current of blood. \**“The latter object to the division of the inner coats, on the ground that such an injury to the vessel, resembles a torn or bruised rather than a cut wound, and is therefore more prone to suppuration, and if suppuration occur, secondary hemorrhage is much more likely to occur, for the reason that the outer coat of the artery is less able to withstand the pressure of the column of blood.”* But we have shown how arteries are closed, whether by ligature or compression, the process is the same by adhesive inflammation; keeping in view the difference in structure of the different coats of the veins, and remembering, also, that owing to this difference of structure, the veins are more liable to the causes of inflammation, the same conditions are true of wounds of veins, as those of arteries. They are more prone to inflammation, which is the cause of fatal conditions, from the formation of coagula, and at the division of veins, \**embole* or †*thrombus*, is produced, which, as a result of inflammation, should enter into the consideration of such a question, we can only remark for the sake of clearness, that an inflammation of a vein, ‡*“which is called suppurative phlebitis is, neither suppurative nor yet phlebitis, but a process beginning with coagulation, forming a thrombus, in the vessel by coagulation of the blood.”* The thrombus softens and breaks up into a fluid, ||*“puriform but not purulent,”* as it contains no pus corpuscles, but granules. And yet there may be an inflammation of the vein affecting its walls, and yet producing no obstruction to the channel, or only coagula of small dimensions, which pass along with the current till entering some smaller or peripheral vessels, causes complete obstruction, in some distant vessel or organ, with serious consequences to life.

Leaving the subject, then, of inflammation, we simply remark that

\*Chelius, vol. 1, 336.

\**Embole*; a plug. †*Thrombus*; a clot. Embolia; disease of the vessels by the plug. ‡Virchow, 234.

wounds of veins are to be treated much in the same manner as arteries, and that they seal in the same way; compression and coagulation of blood being the first steps in the history after an injury; to secure repair by the process of adhesive inflammation. Ligation of veins should not be resorted to unless the vein injured is large, or cannot be controlled, as the structure of veins does not justify the use of a ligature, if it can be avoided. (Phlebitis is more to be dreaded than arteritis.)

Having said sufficient in regard to compressions as a means of controlling hemorrhage from wounded vessels, we pass to the consideration of the next topic, viz: The effusions of blood and serum.

1st. From wounds in vessels or tissues.

2d. From ruptured vessels in inflammation.

Among the results of inflammation, are rupture of *lymph* vessels, which have recently been formed or *channelled* into organizing exudations, such as are formed in recent granulations, being exceedingly delicate and easily broken by any interruption of the force of the circulation, which then pour out blood freely. I recently saw a case of effusion of blood into the tissues of the eye, the conjunctiva, the cellular tissue of the lid and cheek from rupture of a small blood vessel in "exophthalmia," *Basedow's disease*. In this case the eyes are very prominent, as if pushed from their sockets; the vessels are dilated about the surface; there had been goitre and heart-trouble. What relations, necessarily, these conditions bear to this disease, has not been satisfactorily determined, yet they appear in such cases. When a hydrocele is converted into an hematocele, we have another instance of effusion. Again, in primary conditions of inflammations, as in pneumonia, we have blood corpuscles in the sputa, giving the characteristic tinge; and in many tissues, during inflammation, the vessels are dilated, tensely filled with blood, with red corpuscles in excess, we then may have rupture, and extravasation. Paget says "that we should not confound with hemorrhage, those cases in which the products of inflammation are only blood-stained, through the coloring matter of the blood which is "effused," (Aitken,) and in which no hemorrhage has occurred, or, in which the coloring matter of the corpuscle has become unnaturally soluble; or, where the blood corpuscle has been broken down." These cases of blood-staining, of such products as are effused, are found in low fevers, scurvy, in some cases of purpura, before they are complete cases of "purpura hemorrhagica."

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\*Paget Surg. Pathol.

‡Newly formed vessels in exudations. †Vogel; Path. Anat.

NASAL CATARRH.

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By C. E. WRIGHT, M. D. Read before the Indianapolis Academy of Medicine.

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Among the many valuable monographs on special medical and surgical subjects coming so rapidly from the press at the present time, do we look in vain for some reliable and respectable work on diseases of the nasal cavity. Ophthalmology can almost claim to be an established science. Otology is emerging from the darkness which once obscured it, and is fast being illuminated by the sunlight of knowledge. Orthopedic and plastic surgery are being more fully developed, and diseases peculiar to women receive their share of attention in the numerous treatises especially devoted to their consideration. Monographs on venereal diseases and maladies of the month, stomach, liver, etc., are all treated of separately. Dentistry has been constituted a separate profession. But nowhere can the practitioner find the recorded experience of a respectable physician which may serve as a guide to him in the treatment of, or as an index to his studies in the peculiar class of cases known as nasal catarrh.

True it is, we have chapters of several works in general surgery, which pretend to treat of nasal catarrh or ozaena, but they are without exception, brief, unsatisfactory and totally unreliable. Why is this the case? Is it not because we Western practitioners are too negligent in publishing our experience in treating diseases found in our climate, and too apt to rely in our travels upon the sign-posts erected by our eastern or foreign brethren, who can only speak of facts coming under their own observation. It cannot be denied that diseases of the nose are far more prevalent in the moist malarial climate of the Western States, than the dry uplands or mountainous regions of this continent, and therefore, to us must the Profession look for the mode of treatment best adapted to their cure.

The nomenclature of diseases, is the best criterion by which to judge of the amount of research expended in their study. When we begin to properly classify the various morbid conditions, we begin to understand their true nature. We may say a patient has a fever without conveying an idea of its cause, nature or treatment, or what particular course it may be expected to take; but if we classify it as typhus, typhoid, remittent or relapsing, we can the easier discover its cause, understand its pathological character, approximate a correct prognosis, and more intelligently employ the different therapeutic agents.

The term ophthalmia was formerly applied indiscriminately to nearly all inflammations of the eye; whereas, now it is limited to diseases affecting the conjunctiva and glaucoma. Optic neuritis, retinitis, choroiditis, irido-choroiditis, and many other names are used to designate troubles formerly included under the name of ophthalmia. So in diseases of the nose, almost all troubles of this cavity, whether there be a discharge or an abnormal dryness, whether it be dependent upon one of the exanthemata or a polypus for its exciting cause, all are included under the general head "nasal catarrh."

Heretofore there has been none of this distinction according to cause or symptoms, and it is embarrassing and difficult for one to take the initiatory step, to unwind the tangled skein.

True, we have these troubles divided into polypus, hypertrophy, and ulceration, and the polypi again treated of as gelatinous and fibrous; but the hypertrophy is not spoken of as affecting the bones or of the mucous lining.

On the surface of the body we classify ulcers as varicose, syphilitic, scrofulous, simple, phagedenic, atonic, etc. In the nose an ulcer is described as scorbutic or syphilitic, or else it is called nasal catarrh.

By proper classification I do not wish to be understood as advocating the adoption of a multitude of names to express one condition, but different names for different conditions, and dependent for their significance upon pathology or etiology.

Catarrh is derived from *catarrheo*—I flow down. This catarrhal discharge is only a symptom, and has no pathological or etiological significance whatever: it may be watery, mucous, purulent, or bloody.

Ozana, a stench, expresses only a quality of one symptom—the foul odor.

Coryza signifies an inflammation of the head, without directing attention particularly to the nose.

Rhinorrhœa and Rhino-blenorrhœa both denote a flow from the nose, but these words, again, only include symptoms.

Nasitis and Rhinitis signify an inflamed state of the nose, and are probably the best yet proposed, if they are qualified by some name expressing the cause of inflammation, such as *syphilitic*, *scorbutic*, *herpetic*, *eczematous*.

The nasal cavities are two in number, irregular in shape, situated on either side of the mesian line of the face. They extend from the anterior surface of the head—the face—to the pharynx, opening into both by semi-elliptical and oval apertures, the anterior and posterior



nares, and also from the floor formed by the roof of the mouth to the roof formed by the base of the cranial cavity. Each cavity or fossa is in a manner arched from before backwards, and is thus higher in the middle than at either extremity. The two are separated by a thin, bony and cartilaginous wall called the septum naris, which is in some instances congenitally perforated, or even absent, as I have seen in three cases. In two of these cases the patients were ignorant of the fact, and in the other there was harelip, cleft palate, absence of the septum naris, and congenital perforation of both membrana tympani. Catheterization of the ears could be easily performed through the mouth, for the mouths of the eustachian tubes were plainly visible. These phenomena were observed by Mr. Irwin and another student, whom I do not now recollect. I mention this case only on account of its singularity.

This congenital absence of the septum would seem to be hereditary, as in the case of Lieut. B., who, when informed of the condition of his nose, told me positively that his father and one of his brothers were troubled in precisely the same way, but that attention had never been directed to his own case.

That the septum has something to do with the voice or phonation I firmly believe, for as in cases of destruction of the turbinated bones where the septum is not present, there is a peculiar blowing, barrel-like intonation of the voice. In all of these patients I failed to successfully use Politzer's method of inflating the ears; nor were they able to perform the Valsalvian experiment.

The slit for the passage of the nasal nerve, and the openings for the olfactory nerve are found in the roof, and may be a way by which inflammatory processes affecting the nose could be conveyed to the brain substance, as may also the foramen cœcum, which is known to sometimes transmit a vein from the nose into the superior longitudinal sinus.

The inner wall is the septum, of which we have already spoken, and which is formed of the perpendicular plate of the ethmoid above, vomer behind, and the triangular nasal cartilage in front. There is very frequently a deviation of this septum to the left side, sometimes forming an impassable obstacle to the introduction of the catheter. More rarely it deviates to the right—in only two instances coming under my observation.

The outer wall is perhaps the most interesting part, on account of its peculiar construction, and because it is more generally involved in pathological processes affecting the nose.

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It will thus be seen what an extensive area is afforded for pathological processes to operate in unseen, and what difficulty there will be in endeavoring to cure diseases affecting it.

By all ordinary methods of application at least one-third of the surface will remain untouched, and when this third is involved it will be useless to employ medical agents which will not reach it.

It is my purpose to call attention more especially to that class of diseases designated nasal catarrh, and to do this, it is necessary to refer to the other abnormal conditions known to exist.

Hypertrophy of the bone may cause obstruction; and hypertrophy of the mucous membrane may not only accomplish a like result, but may also give rise to a "weeping" as it is called, or a watery discharge which is included under the common name.

Polypus, almost invariably, is attended with an increased discharge of mucous, and even of pus and blood. Polypi are of two kinds: gelatinous and fibrous. I have never seen the latter, but frequently met with the gelatinous. I remember a statement in one of our medical journals, several years since, that the most usual seat of origin of polypi was the antrum. Whether this is true or not I do not know.

I have seen several flat, mushroom-looking smooth elevations on the septum, which I cannot find described. They are round sessile, having no pedicle, and are of a reddish, glistening or polished appearance. The local application of tincture of iodine generally causes their removal. They are about one-fourth inch in thickness, and about three-quarters to one inch in diameter.

*Malformations.*—Gross says: "The most important malformation of the nose, surgically considered, relates to its septum," and recommends excision by slicing with a sharp knife all of the superabundant portion where the septum interferes with breathing.

I once witnessed the excision of the inferior and middle turbinated bones, both being necrosed and exciting a constant purulent discharge. The patient made a good recovery.

Now, it seems a more rational method when the septum interferes with breathing, to either remove it entirely, that is the osseous portion, or as in the case above referred to, excise the turbinated bones.

Slicing, as recommended by Gross, (and he cautions us to avoid perforating the septum,) must leave a raw surface to heal by cicatrization, and when we remember the tendency of cicatrices to become easily inflamed, we should avoid such an operation, even though advised by one so justly eminent in his profession.

There is no inconvenience experienced where the septum has been

destroyed by ulceration, and therefore there should not be much when removed by operative procedure.

But before resorting to an operation we should remember that although one nostril may be diminished, the other is usually increased in dimensions fully enough to compensate for the closure of its fellow.

*Hypertrophy* is spoken of, and may affect either the bony or mucous portions. Of course where the bone is involved and serious difficulty results from the increased amount of tissue, an operation for removal must be resorted to. Of hypertrophy of the mucous lining I shall speak hereafter.

Now let us consider the main part of our subject.

The persons afflicted with this malady are not usually aware of their true condition until the disease has become far advanced, so insidious is its course, so painless its commencement. They are certainly annoyed by its manifestations, but know nothing of the true cause until by chance they stumble upon the advertisements of some of the many infamous pretenders who know nothing of the disease, and consequently less of its treatment; or, appealing for relief to some physician, are informed that they have nasal catarrh, or more properly, *rhinitis*.

We seldom, or we may say we *never* see the case until the disease has become chronic.

The patient is annoyed with a running at the nose, increased sometimes by cold, again by heat—generally worse in early spring and late in the fall. It is either thin, inodorous, dripping from the end of the nose or running down the lips from the alæ. (In these cases the lining membrane appears thickened, abnormally red, but not ulcerated, and sometimes hangs in folds, presenting the appearance of polypus,) or else it is thick, stringy mucus, yellowish or greenish yellow in color, discharged profusely from a reddened, superficially ulcerated surface, most generally upon the inferior turbinated bone, middle meatus and lower half of septum, and extending into the pharynx. The secretion smells like fresh meat. By flowing down into the pharynx during sleep, it causes a copious expectoration in the morning, with hawking, retching, and even vomiting.

In still other cases the discharge is thick, purulent and mucous, which partly flows into the pharynx and partly dries and hardens, adhering to the secreting surface. Every few days, particularly in the morning, these lumps are blown from the nose, and then appear dry, hard and brown on their convex or outer surface, and yellow, soft and streaked with blood on their concave or inner aspect. This kind of discharge usually occurs where the cartilage and bone are

involved, and is very offensive. The French call it *punais*, from a supposed resemblance of its odor to that of crushed bed-bugs; but if I were asked for a simile I should refer the questioner to Limburger cheese in the last stage of rottenness. Here the anterior and upper portion of the fossæ appear especially involved, though the crusts usually form around the turbinated bones.

The naso-pharyngeal space is inflamed, and lumps of matter are dislodged by hawking and spitting. The tonsils are enlarged and the uvula is reddened, elongated and even occasionally œdematous. The voice is thick, husky and blowing. The patient complains of frontal headache, markedly increased in the morning, and which, depending upon the amount of discharge, is aggravated by increased moisture or chilliness of the atmosphere.

In some instances there is blennorrhœa of the lachrymal sac, or an increased lachrymation; and in still others, closure of the eustachian tubes and consequent deafness, or even purulent aural catarrh. A sharp, shooting, burning pain attends these cases of ulceration, sometimes darting from the back of pharynx to the frontal region, again from the same spot downwards to the incisor teeth, and where the bones are necrosed or the periosteum inflamed, a dull heavy feeling of the whole head, worse at night and in damp weather.

In one case the bridge of the nose was swollen and tender to the touch, flattened so as to give the patient the "frog's face" spoken of as existing in rare cases of polypus. A few days after applying to me a small piece of bone was expelled, and the swelling soon subsided. The pain, I should also mention, is occasionally referred to the cheek, over the antrum.

If we examine these cases we will find the mucous membrane reddened, thickened and ulcerated, possibly the cartilaginous portion of septum entirely destroyed. The cartilages of the nose swollen so that their linings come in contact, or are even adherent. The turbinated bones may be partially destroyed, and the whole cavity is sometimes seen to be abnormally enlarged, dry and encrusted. The crusts brown, hard, sometimes streaked with whitish scales, give an unpleasant, mouldy appearance.

For examination I employ Kramer's bivalve speculum, with Troitsch's concave perforated mirror.

These cases are very "lasting"—for years, and even for life, despite any and all treatment which has yet been devised.

The sense of smell is frequently, though not always, blunted, if indeed it be not altogether destroyed. A lady who has been afflicted with this malady for five years is unable to perceive any difference

between the strongest and the mildest odors. Ammonia has no other effect than that of irritating the inflamed surfaces. When blindfolded she is able to distinguish between the odor of creosote and snuff only by the latter causing burning pain when inhaled. In fact the sense of smell appears to be totally annihilated. In other instances this sense seems to be perverted, the foulest aroma being agreeable, while the most delicate perfumery is loathed.

The lady above referred to is also completely deprived of the sense of taste, and this proves an annoyance to her in performing her culinary duties. An order in her cook-book to "season according to taste" is a dead letter with her. Salt and sugar, red-pepper and nutmeg, all convey the same sensation to her tongue. This is, of course, an exceptional case, but nearly all complain of more or less bluntness of taste or a perversion of smell, as before mentioned.

Thus I know a gentleman to whose tongue sulphate of copper conveys the same sensation as common salt. Muskmelon, though it is pleasant to smell, tastes like rotten eggs. This was not the case before he was afflicted with his present trouble, for he states that he was then very fond of this fruit.

Quite a number of patients complain of a salty or coppery taste ever present in the mouth, and where the disease is not syphilitic and there has been no mercury administered.

That rhinitis may, by extension of inflammation, eventuate in capillary bronchitis or pneumonic phthisis, I firmly believe. That it ever is the immediate cause of the tubercular form of phthisis pulmonalis I cannot believe.

But may it not indirectly develop this latter malady by causing gastric derangement and anasmia in those hereditarily predisposed to it?

And it is not unreasonable to suppose that rhinitis may cause cerebral abscess and meningitis, as we see these troubles follow purulent catarrh of the ear.

#### CAUSE.

The causes of nasal catarrh seem to be involved in as much darkness as that which surrounds the balance of the subject. Some authors mention only scrofula and syphilis. Now it is easy to be seen how an ordinary cold in the head, or influenza, may excite it. The patient takes cold, as it is commonly termed; the mucous membrane of the nose becomes congested, and finally pours forth an abundant secretion of clear viscid or yellow, stringy mucus. Mucous surfaces are especially prone to ulceration, and this condition is



effected possibly by a quantity of mucus becoming penned up or enclosed in one of the cavities opening into the nose. The secretion thus walled in partially decomposes, forming an acrid, irritating matter, which when discharged excoriates the lining membrane, as we see it excoriate the skin. An ulcer thus formed may become chronic, and extend in all directions; its surface secretes not only mucus, but pus, which by exposure to the draught of air passing through the cavity becomes hardened, forming the hard crusts, dry on their outer side and moist on their inner aspect, which are dislodged by sneezing or other violence, and are expelled by the act of blowing the nose.

The mucous membrane carries the blood vessels that supply parts of the periosteum. This structure becomes diseased, and is unable to perform its function, and the bone covered by it is without nourishment and becomes necrosed in consequence.

The presence of dead bone is in itself a source of irritation, and is always an unfortunate circumstance; for although it may be expelled, nature is not always competent to perfectly heal the gap made by its separation, and the disease goes on unchecked.

There is no reason why we may not suspect the exanthemata bearing their share in its causation, for scarlatina, small pox and measles, if able to cause catarrh of the ear, must certainly be able to cause it in the nose, parts of whose structure are equally as secluded or shut in as the cavity of the tympanum.

In one case I saw lately, the patient, a young lady about 17 years of age, had herpetic eruptions upon the surface of the body, but more especially upon the arms and legs. The nostrils secreted an increased amount of mucus, and also a thin, whitish albuminous looking fluid, which appeared to come from several small whitish vesicles just inside the nostrils, (four or five vesicles in each.) These vesicles, upon arriving at maturity, became ruptured, discharging their contents, and the inner surface became ulcers, which itched and smarted, necessitating constant attention in the way of rubbing and scratching to be at all endurable. There was also, at the junction of the left alæ with the surface of the skin, a small ulcerated fissure, exceedingly painful at times, so much so as to cause increased lachrymation when the parts were disturbed.

Treatment, local and constitutional, brought the case to a favorable termination. *Wilson on Diseases of Skin*, speaks of *Herpes nasalis*.

In children whose digestive apparatus is at fault, it is not uncommon to find both a herpetic eruption of the skin and a painful condition of the nose, accompanied by a thin whitish, or even a bloody discharge, which excoriates the upper lip.

Children of a scorbutic diathesis, having eezema, are frequently troubled with a thickened, reddened, ulcerated condition of the nasal lining, which secretes an abundant thick yellow or greenish yellow discharge. The nose is exceedingly painful to the touch, and the face and upper lip are involved in the general trouble by the acrid nature of the secretion.

Measles is almost always attended with irritation of the nasal mucous membrane, which pours forth a watery fluid.

The exanthemata, erysipelas, urticaria, etc., are sometimes complicated with nasal trouble.

In scarlatina the posterior nares as well as the fauces are involved, and the same is true in whoopingcough.

Wilson says—*Diseases of Skin*, p. 459—"Variola (or small pox) is an acute inflammation of the tegumentary investment of the entire body, both cutaneous and mucous."

That the condition of the stomach and bowels has a decided influence over that of the nasal cavity I am convinced. Not only do we sometimes see a catarrhal discharge from the nose in patients troubled with worms, but there is, in almost every case, without exception an irritated state of the mucous lining, and the patient picks, and rubs, and blows the organ almost incessantly.

The discharge is peculiar in these cases, being a thin reddish, not very stringy mucous, which frequently excoriates the skin of the upper lip. A similar discharge I have noticed in two cases of dysentery occurring in children. Whether or not it is a frequent accompaniment of this disease in adults I cannot say.

There is a young lady in this city, a sufferer from nasal catarrh, who is also troubled with constipation. The relation existing between the nasal and intestinal difficulty is shown by the fact, to which she first called my attention, that when the bowels were not regularly and freely moved, the discharge from the nose and the burning pain were invariably increased, and on the other hand, when she obtained daily evacuation her other trouble was diminished.

In remittent and intermittent fevers the patient often complains either of acute pain in, and an increased discharge from, the nose, or of a feeling of soreness and stuffiness, which sometimes causes him to breathe through the mouth alone. In these diseases the chylopoetic viscera are notably at fault.

In looking over the Sydenham Society's "*Annals of Influenza, or Epidemic Catarrhal Fever in Great Britain, from 1510 to 1857*," I have noticed a resemblance of this disease, as described, to severe remittent fever, complicated with rhinitis.

One of the worst cases of this trouble I have ever seen, (the worst so far as the discharge was concerned, although the bones were not involved,) came to me from the northern part of the State, in which there was not only a *nasorrhœa*, (if I may be allowed to manufacture a word,) but also compunctinal blenorrhœa of the lacrynal sac, purulent aural catarrh, and catarrh of the pulmonary gastro-intestinal and genito-primary mucous membrane. The patient's skin was dry, harsh and scaly, or rather "scurfy."

The want of proper classification of the various conditions known as nasal catarrh, greatly complicates the treatment; for as the therapeutic agents, plainly indicated in intermittent fever, will not cure typhoid, so the same remedy will not be beneficial in all of these troubles.

The abominable catarrh snuffs so extensively advertised by mercenary charlatans as being infallible, need only be mentioned to be anathematized. The chief and only merit that can be claimed for them is that they compel the patient to sneeze violently, and thus expel the hardened obstructions.

One can easily imagine the effect of an irritating powder applied to an ulcer or an inflamed surface that is extremely sensitive, and the consequence is usually an aggravation of all the symptoms. Besides, powders or snuffs cannot penetrate into the various cavities opening into the nose, and when their lining is diseased the remedy is only partially applied.

However, when there is simple hypertrophy, or a serous infiltration and thickening of the mucous lining without ulceration, mild astringent powders, snuffed up or inhaled, may prove beneficial. Tannin, powdered galls, burnt alum, and the pulverized crystals, powdered sugar and carbonate of ammonia, muriate of ammonia and tobacco snuff may be used.

Again, where there is this thickening without ulceration, accompanied with a thin inodorous watery discharge, the local application of tincture of iodine, or solution of tannin, nitrate of silver, sulphate of zinc, may be applied with a syringe or in the form of spray.

Mild applications are always the best; if they are too strong and prove annoying for a longer time than half an hour, I regard them as injurious.

The constitutional treatment must, in this as in all other diseases, be directed against any peculiar diathesis known to exist, and to correct any abnormal condition. If the stomach and bowels are deranged in function, attention must be directed to them. Scrofula, syphilis, and other troubles must be treated.

The nasal douche plays an important part in the treatment of nasal diseases; for by its means we are better able to cleanse the cavities, and to apply medicated fluids to the inflamed structure than by any other method.

That fluid applied with the douche does actually enter the various sinoues, I have had recently proven to me by two cases, after using the instrument, and no fluid flowing from the nose when the head was held upright, a slight inclination of the head forward would cause a flow of about a tablespoonful of warm water. By inclining the head to one side another flow of the same quality was started, and still another by inclining the head to the other side.

Chloride of sodium  $\mathfrak{z}$  1 to quart of warm water is generally used to cleanse the parts, and this saline solution does not occasion the smarting and burning that pure water does. It has also some curative properties. Tr. iron  $\mathfrak{z}$  ji, tr. iodine  $\mathfrak{z}$  ji, muriate of ammonia  $\mathfrak{z}$ j-iv, tannin  $\mathfrak{z}$ ii-iv, infusion of oak bark, chlorate of potassa  $\mathfrak{z}$ j-iv, corrosive sublimate grs. v, sulphate of copper grs. v, to qt. of water. Sulphate of copper solution I have found peculiarly irritating to the nose; nitrate of silver is an excellent remedy in these troubles.

The indications in ulcerative rhinitis are, *first*, to maintain cleanliness, for no surface can heal when constantly irritated by such secretions as are constantly poured forth in these troubles. The mere cleansing will afford some relief, and will also give the membrane a chance to heal if so inclined. 2d. To correct constitutional irregularities. 3d. The local treatment with the means and remedies already enumerated. 4th. To correct complications and modify results as much as lie within our power.

It seems to me strange that physicians are so prone to employ irritating and harsh remedies to a surface which is very sensitive, and to utterly abstain from using soothing applications, as oil and milk. Glycerine is too apt to become gummy, and as it readily absorbs moisture gives to the nose an unpleasant feeling of dryness. Castor oil is too adhesive, and besides the idea associated with its odor makes it repulsive to many. Sweet oil, pure and fresh, cannot injure any ease; it frequently relieves the burning pain of the disease, or of the application; and is probably one of the best agents we can use, if combined with an astringent.

The ordinary spray apparatus, with a long silver tube, may be employed to apply the different medicated fluids directly to the inflamed surface after the parts have been thoroughly cleansed, and is one of the best means at our command. I generally apply with it a solution of one drachm each of tincture of iodine and Calvert's solution of carbonic acid to six ounces of water.

Medicated steam, applied by means of the atomizer, I have not found of great benefit. Several deaths having occurred, attributed to the use of the nasal douche, many are deterred from using this truly valuable instrument through fear of unpleasant results. Although constantly employing it in the treatment of these cases, I have never noticed any permanently bad effect. Where it proves irritating to the patient, I employ a syringe, with a nozzle fitting tightly into the nostril.

The application of tincture of iron, tincture of iodine, or solution of nitrate of silver with a probang to the upper part of pharynx, will be found more efficacious than gargling or the use of the long curved pharyngeal syringe.

Inhalation of vapor of iodine, camphor and ammonia, will be found useful in some cases.

For correcting the stench the above mentioned solution of carbolic acid and iodine, a solution of permanganate of potassa, or the insufflation of prepared chalk may be used.

Smoke of tobacco, or stramonium leaves taken into the mouth and expelled through the nose will sometimes alleviate the pain, and may possibly possess some curative power. Tobacco cigarettes, moistened in tincture of iodine, dried and used in the above manner, I have seen to afford some relief.

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## FISTULA IN ANO.

By **W. E. FLETCHER, M. D.**, of Indianapolis.

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Among all the chronic diseases that afflict mankind in a degree which does not entirely incapacitate him for his daily avocation, there is none more painful and annoying than *Fistula in Ano*. In fact, one so afflicted may be well compared to that fabled individual who, bound to a rock, has constantly an eagle tearing at his vitals.

The causes of fistulous openings from the rectum or anus, are, perhaps, numerous—they are at least not well understood. Foreign bodies, such as fish bones and other hard substances, are known to have lodged and penetrated the mucous membrane, and set up an inflammation which resulted in a permanent fistula. Abscesses in the perineum are the most common cause of the malady. I have known two cases where this disease was attributed to blows upon the perinæum, and two where obstructed hemorrhoidal veins were the supposed causes.



The appearance of persons having this disease is peculiar, and almost as characteristic as that of cancer or tubercle. There is a withered, anxious expression, and most frequently a stooping carriage—something in the look and behavior of the person which indicates constant annoyance, and there is a peculiar odor which no amount of cleanliness will completely prevent or disguise.

The best means of examining such cases depends much upon the exact situation of the fistula. Most of them are better brought to view by placing the patient on the bed, table, or floor, in front of a strong light, upon his knees, with his shoulders low down, the knees as far apart as the case will permit.

In most chronic cases the orifice will be easily found, but in others it may require very careful examination, so minute are the little dust-like openings. Sometimes when the fistula is so small and is complete, I found that injecting a dilute solution of carbolic acid (ten grains to the ounce), in to the rectum, that the solution will gradually seep through the fistula, turning the orifice white when it makes its appearance externally. In this way I have been able to find several minute openings, which I would not have suspected, as my attention would be attracted by the larger sinuses, and the less overlooked, but for the whitening effect of the carbolic solution.

In most cases the internal opening is difficult to find, because the fistula is more often tortuous than straight, besides it is much smaller than the external opening.

In regard to treatment, I have observed but one rule, and that was, to disregard the condition of the patient, and to operate at once and always with the knife. I pursue this course from the fact that I have not been able to increase the health of a patient while the drain and annoyance to his system was kept up by the disease—whereas, after operation, under good diet, they readily take flesh and gain strength. I prefer the knife, because it is quick, clean, and sure, and by far less painful than the ligature, or any other method I have observed.

Mr. M. C., residing on Fayette street, had fistula in ano eight years; has been treated by caustics, ligature, and partially by the knife. Mr. C. came to St. Johns Infirmary, reduced in flesh to the appearance of a living skeleton, had a hard and almost constant cough, night sweats and fever.

Upon examination, found one fistula opening two inches from the anus, upon the right side, almost directly under the tuber ichii; the other was just upon the verge of the anus. By injecting warm water from a small glass syringe, and pressing it up against the extreme

openings. I found the water entered the rectum. Putting the patient under chloroform, I followed both channels with a probe pointed bistoury, into a common sinus within the bowel. Having cut all free, I dissected up the indurated lining, or bed of the fistulous tract, and carefully packing the surface with lint, the whole matter required but daily attention for ten days, when Mr. C. resumed his trade, (that of joiner), in better condition than he had been for years. It is now four years since the operation, and he has had no return of the difficulty, and his lungs no longer trouble him.

B. V., of South Bend, came to St. Johns Infirmary to be treated September, '69. Found three fistulous openings, the largest a full hand's breadth from the anus, upon the inner side of the right thigh, the others within two inches. These tracts entered deeply into the indurated structures into which chronic inflammation had converted the tissues. In slitting up the sinuses after injecting them with carbolic solution, I found several lateral and tortuous canals, all of which were carefully opened without regard to the profuse hemorrhage or the wide gape made by divided splinters. This case was dismissed in six weeks, cured, and has had no trouble since.

Two more cases, both from South Bend, were treated in the Infirmary in this same way, with like results; but the fistula in these latter were single, direct and complete.

Now, as far as the operation is concerned, it requires more patience than skill or judgment—for the whole result, in my opinion, depends upon not only slitting up the sinus, but removing the diseased tract, and above all to make sure of the operation by dressing the wound several times daily, and keeping down that bridging-over by adhesions, which will sometimes close in four hours.

I believe that carbolic acid is the most painless application, and has the good effect of keeping the edges from uniting.

## CLINICAL.

## SYNOVITIS OF THE ANKLE-JOINT.

Report of Clinic before the Class of the Indiana Medical College, at the City Hospital, by JOHN A. COMINGOR, Prof. of Surgery, October 22, 1870.

GENTLEMEN—I desire to present you a case of synovitis of the ankle-joint. J—— is 35 years old, and a native of Ireland. Occupation a peddler. His history, so far as we are able to obtain it, excludes all constitutional vices: we therefore conclude that it is simple inflammation of the joint.

For convenience in description we shall divide synovitis into the acute, subacute, and chronic varieties. Synovitis is inflammation of the synovial membrane. The acute variety is characterized by pain upon the slightest motion of the joint. The tissues are swollen, hot and sensitive to the touch. In the morning there is stiffness in the joint; this wears off after a little exercise, and the joint is susceptible of more motion. The acute variety is usually rapid in its progress and disastrous in its results. The first effect resulting from inflammation of the synovial membrane is the excessive secretion of synovial fluid: this becomes a source of embarrassment, by inducing tension, thereby obstructing the circulation of the blood in and about the joint. The next is the suppurative stage. It speedily follows the first. Tension, brought about by excessive fluid in the joint, strangulates the circulation, the immediate effects of which is to devitalize the parts involved, and the formation of pus is the inevitable result: the ligaments and articular cartilages ulcerate, and what at first was simple synovitis terminates in caries of the articular extremities of the bones, leaving the patient with a defective and perhaps a useless joint.

Sub-acute synovitis is a less aggravated variety than the acute; slower in its progress, and not liable to terminate in the destruction of the joint.

Chronic synovitis may result from the acute variety, or it may exist independent of it; usually its origin may be assigned to some constitutional cachexia.

This, gentlemen, is a brief resume of the pathology of synovitis; we will now turn our attention to the disease as represented in the case before you. In this case we have excluded all constitutional vices as a cause. The cause in this, probably, is excessive labor and

over-heating during the warm season. He was admitted to the Hospital about three months since, with the disease fully developed. Over the spine of the tibia, at its upper third, you see an old cicatrix. When a small boy the patient received an injury in that locality; periosteal inflammation succeeded, and the result was necrosis of a small portion of the tibia. After the separation and removal of the dead bone, the wound healed kindly, and the patient experienced no further trouble in that direction. Observe the density of the tissues of the diseased joint; compare the diseased with the well joint, and note the difference. The deposit of lymph in the interstitial tissue accounts for the induration. About four inches above the joint is a small puncture, from which exudes a sanious discharge, which indicates the death of bone at that point. In due time we will examine the case with a view to ascertaining the condition of the bone.

We have to deal with the chronic stage in this case. The treatment consists in stimulant applications, pressure, and supporting the constitution. Iodine diluted with sweet oil is among the best applications. Firm support, by the use of the bandage and adhesive straps, will favor absorption of the lymph. The tinct. of barks with iodide of potassium, and good substantial food, chiefly animal, will aid in this particular, and in the formation of healthy tissue.

The treatment of acute inflammation of a joint should be commenced as early as possible, to be effectual. Absolute rest of the limb and immobilizing the joint, with the limb elevated above the body, and cold applications, are among the requirements in order to control inflammatory action. Cathartics are useful, especially the saline. They modify the plasticity of the blood, disuniting the inflammation.

These are some of the rules which should govern you in the management of synovitis. You may vary these according to the peculiarities of each individual case. I shall have an opportunity to speak upon this subject again during the course. I shall then speak at greater length.

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## INFANTILE PARALYSIS.

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By **Prof. T. B. HARVEY.**

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I will call your attention to-day, gentlemen, to a case of Essential Infantile Paralysis. You will observe that the right limb, from the knee down, is almost entirely useless; and yet the child has perfect

use of all the other limbs. There is no affection of the brain, and no evidence of any in the spinal cord.

The history of the case is, that about eighteen months ago, when she was about three years of age, (having previously enjoyed good health,) she had an undefined fever for several days, which was thought by Dr. D. H. Oliver, then on duty at the Orphan Asylum, to be of malarious origin. In this opinion I concurred, having seen the case with him. It had also had some eruption on the skin, which was thought to be urticaria.

In a few days both lower limbs were observed to be paralysed. The case has been treated with strychnia and the induced electrical current. When the latter treatment was commenced, there was palsy of both limbs, the right being total. Some of the muscles of the left were not so bad as others, and all of them were affected by the induced electrical current, but a portion of the muscles of the right had lost entirely their contractability. There is, then, no hope of improvement beyond what has taken place. You observe the atrophy of the right limb, which involves the skin, fat, muscles, and bones to such an extent that the length and circumference are much less than the one which has recovered.

Essential Palsy of Children, or Spinal Infantile Palsy, occurs almost exclusively during the period of first dentition, and a short time afterwards; that is, from the sixth month to the first year of life. Whether it occurs from disease of the brain, or spinal cord, or has its commencement in the peripheral nerves, is unknown, as there is so little known of the post mortem lesions. Although it may be due to inflammation or effusion in the spinal marrow, yet at the time the palsy is called an essential palsy, all such processes have subsided, and it is not the primitive disease, but the paralysis, and its consequences we have to treat.

It is, as a general rule, the product of a very acute process, developing in a few hours, and never extends from the limb first affected to the others. Males and females are equally affected, and those primarily robust are as liable as the scrofulous and cachectic. The occurrence of the acute exanthemata has been assigned as a cause. In most instances the attack is preceded by febrile symptoms, with signs of cerebral hyperemia or meningitis, such as mental excitement, convulsions, loss of consciousness, etc.; after the subsidence of which total paralysis of one or more limbs remains. It may be a foot or hand, or both lower extremities, but both limbs of the same side are never paralyzed; a fact which indicates the independence



of the disease from encephalitis or cerebral apoplexy. The bladder and rectum are not affected.

Sometimes it occurs without cerebral symptoms, (as in the case before you,) as a result of a mild attack of some of the eruptive diseases, or is preceded merely by an undefined attack of feverish symptoms, during which, without precursory convulsion or stupor, an arm or leg, or both legs, (as in this case,) are found to hang useless, and are entirely incapable of voluntary motion. The subsequent course may vary. The palsy may disappear in a day or two, and end in complete recovery. These cases are called *Temporary Infantile Palsy*. It is not certainly known that such temporary cases depend upon the same pathological lesions as the stationary form. The doubt hangs upon the fact that the electric contractability in the temporary form is retained, and that it is entirely lost in the permanent.

The prognosis is always favorable while this electric contractability remains, and we can always tell just how much improvement may be expected by the use of the induced electric current. When this is entirely absent, as in the right limb of this case, degeneration and atrophy ensue, and the limb presents a livid hue, and is liable to chilblain, bed sores, etc.

Deformity by contractions may ensue; the joints may be displaced by wasting of the muscles. This disease is the origin, frequently, of acquired club-foot. In very recent cases some benefit may be obtained by local depletion and derivatives along the spine; but in the chronic form no such treatment is productive of benefit.

We are confined to the treatment of the symptoms, and so long as the slightest trace of electric contractability remains, the systematic application of the current should be persevered in. Once or twice daily, will preserve and increase the irritability of the muscles and arrest their atrophy and degeneration. When contractions occur, tenotomy and support will assist some in preventing deformity.

# HOSPITAL REPORTS.

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## FOUR CASES OF DELIRIUM TREMENS

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By E. HADLEY, M. D., Superintendent of City Hospital.

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CASE 1.—A powerful muscular Irishman, æt. 35, was admitted as a patient of City Hospital on evening of Aug. 23d, '70. Says he has been drinking excessively, and eating almost nothing for past two weeks. At present is highly agitated, and fearful of every one. The kindest words scarcely gain his confidence. Tongue flabby, and covered with a dirty white, the centre with brown fur. Pulse 120 per minute, and weak. Eyes blood-shot and restless. Has the usual hallucinations of Delirium Tremens. Has had no refreshing sleep for past fortnight. Begs for sleep, and implores relief. Is received on the express condition that he will take the food and medicine ordered. Immediately gave three comp. cathart. pills, he having had no movement of bowels for an indefinite time past. Ordered for supper a soft boiled egg, a baked potato, slice of toast, and a cup of strong coffee. Expressed utmost disgust at all the articles; drank the coffee freely, but was compelled to eat the egg and part of toast. Retained it well on stomach. At 8 o'clock P. M. ordered hydrate chloral ʒss, simple syrup ʒi. At 9 o'clock A. M. found him in half-dozing condition, starting up at every noise. Repeated hydrate chloral. At 10 o'clock we found him asleep and perspiring freely; withdrew without his waking.

August 24th. Says he slept nearly all night, better than for weeks before. Pulse 100 and stronger than last night. Patient quieter but still too termulous to hold cup of water without spilling most of it. Not inclined to eat, but induced to take a boiled egg, small beef steak, and a pint of coffee: relished the egg and coffee. In bed all day, much prostrated: eyes closed most of the time, but resting imperfectly. Was compelled to take light meals during day, similar to breakfast. Restlessness increased again at night. Great longing for sleep, but unable to close his eyes. Ordered hydrate chloral ʒi, simple syrup, cinnamon water, each ʒi. An hour later, 10 o'clock P. M., found him sleeping soundly.

August 25th. Called for breakfast: eat heartily of articles before mentioned. From this time there was continual gradual improvement.

Discharged, recovered, August 29th.

CASE 2.—September 24th, a well built, intelligent man, æt. 33, was brought to the City Hospital. Has been drinking excessively for nearly a week. A fair, marked case of Delirium Tremens. While preparing a meal for him he ran off. Two hours later, noon, he was brought back, comatose with intoxication. Before night drunkenness passed off, with all symptoms of delirium increased. Was forced to eat light supper, which was immediately vomited. At 8 o'clock P. M., could scarcely keep him in bed. Pulse so rapid we could not count it with any certainty. Ordered hydrate chloral  $\mathfrak{D}\text{ii}$ , simple syrup  $\mathfrak{z}\text{ss}$ . At 9 P. M. unable to sleep; pulse still rapid; ordered tr. digitalis mne. xxx. At 10 P. M. sleeping lightly. At 1 o'clock A. M. was roused by patient wandering down a stairway. Said he had just awakened from sleep frightened. Pulse not so rapid, but still over 120 per minute. Gave hydrate chloral  $\mathfrak{D}\text{i}$ , and persuaded him to retire.

September 25th. Patient slept from 2 o'clock last night till morning. Much better and more quiet: pulse 80, and full. Eat hearty breakfast of steak, eggs, potatoes and coffee. Patient thought himself able to return to business, and left Hospital, but not with permission. Near night was brought back, with evidences of having been drinking again; also delirium returning. Was not admitted again.

CASE 3.—Patient admitted October 14th. Male, æt. 38. Irish. Strong man, of well marked sanguine temperament. Has a cut on back of scalp an inch in length; said to have received it by falling on the curb stone. Has usual signs of Delirium Tremens; admitted having been drunk almost continually for near a week, eating no food, or little, during the time. Has not been able to sleep for several nights past. Tongue has light coat of white; pulse 70, and soft. The mention of food seemed to disgust him; ordered hydrate chloral  $\mathfrak{z}\text{i}$ , in 4 ounces beef tea. No sooner swallowed than vomited.

An hour later, 6 P. M., he relished a light supper. At 9 P. M. gave him hydrate chloral  $\mathfrak{D}\text{ii}$  in a little syrup and water. At 10 P. M. he was so sound asleep that I felt of pulse, stroked his forehead, and held a strong light before his face without his rousing.

September 15th. Patient awoke greatly refreshed. Eat freely during rest of stay at Hospital. Discharged in a fair condition September 16th, at his own request.

CASE 4.—Patient aged 27; admitted October 21st. An intelligent man. Been drinking hard for almost two weeks. Great nervousness and white tongue, but sees none of the usual horrid sights of delirium. Easily startled; pulse, in evening, 107. Can only be

induced to eat an egg, and drink a cup of coffee for supper; the first food he has taken for several days. At 8 o'clock P. M. gave hydrate of chloral  $\mathfrak{zss}$  in simple syrup. At 9 P. M. found him dozing, but on approaching his bed he awoke with a fright. Ordered chloral again  $\mathfrak{zj}$ .

October 22d. Found patient had slept all night, but seemed little refreshed; pulse 125. Eat little breakfast; also little dinner. Gave three comp. cathart. pills to relieve costiveness. They operated freely towards night. Took some light food again for supper. At 8 P. M. gave hydrate chloral  $\mathfrak{Zij}$ . At 9 P. M. found him in sound sleep, and sweating profusely.

October 23d. Greatly refreshed by last night's sleep, but still no appetite. Encouraged to take his three light meals during the day. Pulse 130.

October 24th. Says he slept well most of last night. Eat hearty breakfast. Pulse 100, and stronger. Quite calm; walks about the grounds for exercise.

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## EDITORIAL.

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### OBJECTIONS MADE AND ANSWERED.

"Try to please everybody and you please no one," is a saying the truth of which more acknowledge than practically live up to its teachings. Individual tastes differ as do the face and form of each, and it is worse than useless to try to shape our course to please, or select matter to interest *all*—as applied to our JOURNAL. Some may object to its *size*. Well, all things in Nature that are of any account have *small* beginning. This, we believe, is a truth universal. The nearest approach to an exception is perhaps found in the mushroom, whose growth is of a night, spread forth with pretentious expanse, and a threat to cover the entire garden. But its soft and succulent part, burnt by the meridian sun, wilts, dries up, and that which in its commencement promised so much, has a ridiculous ending. We do not propose to be "mushroomish," but rather to imitate the natural growth of the valuable—gradually, and we trust steadily and prosperously, until our full stature is reached, and the call ceases for a further expansion.

Again, others may find objections because the productions of some great and noted name appears not upon our pages. They sigh with regret and pity because it is filled with the actual experience and plain thoughts of the common practitioner. *It was for this very purpose we started the JOURNAL.* Such productions we desire, and shall be disappointed if we do not obtain them. While contributions are welcomed from all, great and small, noted or obscure, we say emphatically, *this JOURNAL* was started as a means for intercommunication among *all* medical men—first of our own State, and secondly of others who may consider it either their privilege, their duty or interest, to aid *us* and *one another* by their thoughts or experiences.

So, lay these two objections upon the shelf as answered—let them not disturb us more—and to all who from thoughtlessness (we cannot think a motive prompts them,) object for either of these real or imaginary faults, to aid us either by their contributions or subscriptions to carry on the *JOURNAL* successfully, to remove *both* by sending us the subscription price and with it a *good* article—according to their ideal of perfection—and we promise them that the *JOURNAL* shall be enlarged as the want of space to accommodate is felt, and that the *good* shall take the place of the *poor*.

We do not wish to be understood as complaining or crying *peccavi*. Our *JOURNAL* has prospered fully as well as we expected it would. The material, to an unbiased eye, will compare favorably with the average found in like periodicals; and not only judging the future by the past, but recognizing the absolute necessity for, and the capability to sustain such an undertaking, we fearlessly, but we trust not rashly, assert that it *shall* be a success. "The gods help those who help themselves," and although we do not fear the want of aid, still we have *just enough* of egotism and conceit to fill any blank and carry us safely through an emergency.

"With good will to all and malice to none," we leave the subject.

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#### OPENING OF THE INDIANA MEDICAL COLLEGE.

This institution was opened on the 18th inst. by an introductory address by Prof. R. N. Todd, and the regular exercises commenced on the 19th.

The class now numbers about sixty students, presenting the appearance of men who are deeply interested in their profession, and who intend to make good use of their time. We have rarely seen so large a number of really fine looking medical students together.



We know that young men just entering upon the study of this profession receive, as a first instalment from parents, friends, and professors, a very large share of material called *advice*—an article which is as cheap as it is abundant, and we will forego the temptation to devote several pages of the same for this use, only reminding them that it is in their power alone to succeed.

With temperance, economy, and hard work any man may acquire a knowledge of medicine that will reward him in from three to five years, according to the abundance of his genius for the profession he has undertaken. A dolt or a laggard may have the highest advantages of the best institution of the world, and will come out of it all a dunce; whilst a man of industry will find all the material he can master—in the way of clinics, anatomy, chemistry, and other branches—in the Indiana Medical College, and be as well qualified to begin the study and practice of his art, in a practical way, when he graduates, as if he had a diploma from the largest institution in the land.

Medical teaching does not depend upon the eloquence of the Professor: it depends on his presenting the facts in a simple and clear manner, and although the Professors who teach here do not boast of their eloquence or erudition (which is the standing advertisement of some of the colleges), they are practical men, and have the reputation of being successful practitioners.

And we feel the assurance that any medical student who desires to excel in the practice of medicine, if so minded, has all the advantages requisite at home, notwithstanding the slurs and ridicule of a few men of very local reputation, who can never say any good of any thing at home, and deride every thing which cometh not from New York, Philadelphia or Boston.

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## MISCELLANEOUS.

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THE TREATMENT OF BURNS.—“Than in the oil regions,” says Dr. Binkerd, of Parker’s Landing, Pa., (Med. and Surg. Reporter) where “terrific explosions and frightful conflagrations are phenomena of frequent occurrence, nowhere has the physician a better opportunity to study the therapeutic value of the remedies applied to these pain-

ful and often dangerous wounds, and nowhere can he better demonstrate to suffering humanity the practical value of the healing art, when judiciously applied."

In all cases, he says, "the indications manifestly are, first to relieve the sufferer's agonizing tortures. \* \* \* Second, to assist nature in rallying the patient from the severe nervous shock he has just sustained; and third, to put and keep him in the best hygienic condition to favor the healing of the wounds."

Luckily, for the first indication, there is a long list of useful remedies, as flour, meal, dry starch, fats, oils, eggs beaten up, glycerine, raw cotton, or anything oleaginous, (as unsalted butter or cream) or other non-acid substance that will make an impervious coating sufficient to protect the excoriated and congested surface from the air, but of all the remedies he has tried he unhesitatingly gives preference to a dressing of carbolic acid and glycerine (grs. 5 to 10 to ℥ij) applied with a camel's hair or other soft brush, and over this a layer of raw cotton, retained by a neatly adjusted roller bandage. The immediate exhibition of a full dose of morphia (gr.  $\frac{1}{4}$  to  $\frac{1}{2}$ ) he has found of decidedly beneficial results.—*Medical Archives*.

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IODIDE OF POTASSIUM IN SYPHILITIC SKIN DISEASES.—Dr. McCall Anderson lays down the following rules:

1. The longer the interval which has elapsed between the contraction of the syphilitic taint and the development of the eruption, the more likely it is to be of service.

2. If the patient is cachectic, it is, as a rule, to be preferred to mercury, except in recent cases of syphilis, when the mercurial vapor bath, or some such treatment, is more likely to prove successful.

3. The more extensive the tertiary eruption, the more certain it is to yield to iodide of potassium; although to this rule there are numerous exceptions.

4. If there is any tendency to syphilitic diseases of the nostrils or neighboring parts, iodide of potassium should be withheld, or given with great caution, for, if it produces coryza, it is very apt to aggravate the morbid conditions of the parts.

5. It should be given in full doses.

Dr. Anderson considers ten grains as the proper dose in the majority of instances, while sometimes as much as thirty to forty, thrice daily, may be requisite. As a typical prescription he gives:

R Ferri ammonio-citratis, ℥ij; Potassii iodidi, ℥i; Syrupi ziziberis, ℥vj; Infus gentian. co., ℥vij; Aquæ, ad ℥xxiv. A tablespoonful in a large wineglassful of water thrice daily.—*Med. Gazette*.

TO ADMINISTER QUININE.—A. J. Gardner, Grand Rapids, Wood Co., O., [Cin. Lancet and Observer], has recommended to the physicians in his section, a syrup of liquorice as a vehicle for administering quinine, as follows: Fluid extract liquorice,  $\mathfrak{z}\text{vj}$ ; simple syrup,  $\mathfrak{z}\text{x}$ .; to a dose of  $2\frac{1}{2}$  grains of quinine, a teaspoonful of the syrup mixed. This effectually destroys the bitter taste of the medicine, and the physician knows exactly what amount of quinine he is giving, but with the advertised sweet quinine he does not.

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MEDICAL PRESCRIPTIONS.—The New York Legislature has recently passed an act in reference to the compounding of physicians' prescriptions. By the terms of the law no apothecary is to permit any person in his employ to put up a prescription unless said person is a medical graduate, or has served an apprenticeship of two years in a drug store. Violations of the provisions of the act are to be deemed misdemeanors, and punished by a fine of \$100, or imprisonment for six months in the county jail. If death ensue, the offense is to be deemed felony, and punished by a fine not less than \$1000 nor more than \$5000, and imprisonment in the State Prison for not less than two nor more than four years, or by both fine and imprisonment at the discretion of the court.—*Exchange*.

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PURIFICATION OF WATER.—Dr. Dunning, of Amsterdam, recommends, for the purification of dirty water for household and manufacturing purposes, the addition of chloride of iron in the proportion of half a grain to the quart of water. The impurities are thus in large measure separated, and by the further addition of soda,  $1\frac{1}{3}$  grains to the quart, the iron is precipitated. The method has been employed in Holland with very satisfactory results.—*Boston Journal of Chemistry*.

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FILTERING WATER.—Dr. Frankland has shown by numerous experiments that filtration of water does not merely mechanically separate substances suspended therein, but effects oxidation of organic matter held in solution. In filtering ordinary London sewage through common soil, or a mixture of sand and chalk, Dr. Frankland found that the resultant liquid was as free from organic substances as the water commonly used for domestic purposes, and in some instances, even purer.—*Med. Gazette*.

SPONTANEOUS COMBUSTION OF THE HUMAN BODY.—Mr. A. B. Flowers, of Alexander, La., writes us that the statement made in a recent article on this subject, to the effect that no one has ever witnessed a case of spontaneous combustion in the human body, is a mistake, as he was himself, with several others, an eye-witness to a case of the kind. The person who was the victim was a hard drinker, and was sitting by a fire surrounded by Christmas guests, when suddenly flames of a bluish tint gushed from his mouth, and he was soon a corpse. The body, he states, remained extremely warm for a much longer period than usual.—*Sc. American*.—*Drug Circ. & Chem. Gaz.*

*L'Union Médicale* of the 15th of February, contains an article from the pen of Dr. Betholle, wherein full details are given of a case of spontaneous combustion. The subject of it was a woman, thirty-seven years old, who was addicted to alcoholic drinks. She was found in her room with the viscera and some of the limbs consumed, the hair and clothes having escaped. The very minute description of the state in which the deceased was found, shows that ignition could not have been communicated from without, and, to all appearance, this is an additional case to those already upon record.—*London Lancet*. *Bost. Med. & Surg. Journal*.

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## CHEMICAL AND SCIENTIFIC.

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A SEVERE TEST FOR A LIGHTNING ROD.—A powder magazine at Venice, containing 300,000 kilogrammes of gunpowder (about 300 tons) was struck by lightning this summer. The platinum point of the lightning-rod was melted, and the rod split and twisted, but the electric charge was safely conducted to the earth without doing any other damage. The lightning-rod may be said to have saved a city, for the explosion of such a quantity of powder would have laid all Venice in ruins.—*Boston Journal of Chemistry*.

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THE DEVELOPMENT OF SPECIES BY NATURAL SELECTION.—We hear a great deal about this "theory of natural selection," which is gaining general acceptance among scientific men; but many people have very crude notions concerning it. The doctrine, concisely stated,

is simply this: that all the varied species of plants and animals have been developed from a few simple forms by natural processes; that the surrounding conditions of climate, etc., produce modifications, and those are perpetuated which suit the varied conditions. In other words, nature does just what man does when he produces new varieties. Some people are terribly afraid of the doctrine, because they suppose that it dispenses with creative action; whereas it really teaches that the creative power is everywhere present, acting now and forever, instead of acting once for all. Rightly understood, it teaches, as the great Teacher taught, "that the sparrow falls not to the ground unheeded by its Father and ours; that each springing seed, each blade of waving grass, and the humblest insect, whose life is but a summer day, is part of a great whole pervaded by the universal life, of which these different forms are the actions and development."—*Ibid.*

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A. O. N., writes us from Norway, Me., as follows: "In my family we use water drawn through 100 feet of galvanized iron pipe. Since it was put in, the whole family have been troubled with *very sore mouths*. It appears different from common canker, having a more extended and severe inflammation. Is this due to the galvanized iron pipe?" Probably the zinc salt formed in the water is the *chloride*, which has *caustic* properties of extraordinary character. The affection of the mouth which you describe is precisely what we might expect to result from using water containing minute quantities of chloride of zinc.—*Ibid.*

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EPSOM SALT.—In reply to a query propounded by the American Pharmaceutical Association, in regard to the best method of disguising the bitter and disagreeable taste of Epsom Salt, Mr. Isaac W. Smith, of Philadelphia, suggests the following:

R.—Rad. glycyrrhizæ cont. (deprived of outer bark),  $\bar{z}$  iv. Aq. bullient, Oij. vel q. s.

Mix. and allow to stand, with occasional stirring, until cold; then express through muslin, adding more water, if necessary, until the residue no longer tastes; then filter, and to the filtrate add magnesiae sulphatis,  $\bar{z}$  iv; finally, evaporate to dryness over a water-bath. Each ounce of the compound represents about one ounce of the crystallized salt.



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ORIGINAL COMMUNICATIONS.

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TETANUS.

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Read by J. K. BIGELOW, M. D., before the Academy of Medicine, Indianapolis.

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My reason, as stated when I announced the subject of my paper, for introducing the subject of acute traumatic tetanus, is that, however well the general practitioner may be posted in his profession, those diseases which occur only once in a great while, and sometimes not more than once or twice under the observation of a single professional lifetime, physicians are apt to be at a loss for the very best known treatment. I do not wish it understood that I am going to advance anything new, or to attempt to give the best mode of treatment of tetanus, only as it has fallen under my observation.

Tetanus is a disease of the spinal system of nerves, and seldom affects the cranial functions until late, when, like any other formidable nervous disease, it causes delirium, etc.

It is scarcely necessary for me to dwell at length on the semiology of this malady. I will state here, however, that all forms of spasms—I mean spastic rigidity of any particular set of muscles, or of the whole muscular system—may and do, with equal propriety, present themselves in tetanus, if we may except trismus, or rigidity of the cervical and facial muscles, is recognized by most authors as always present in tetanus. It is, therefore, not necessary unto the diagnosis that either opisthotonos, emprosthotonos, or plerousothotonos be present, as all these forms of spasm may appear at the same time, which

would effectually prevent bending of the body to any side. There is a condition which surgeons have named traumatic spasm, which I have looked upon as incipient or premonitory of the more formidable form of tetanus. If the distinction drawn between tetanus and traumatic spasm be recognized, the differential diagnosis may be arrived at thus: The latter is characterized at its onset by sudden and painful spasm in the normal part itself, by localized contractions appearing under the form of paroxysms, repeating and prolonging themselves more and more, and passing speedily from their first seats to the neighboring parts, and finally to all the voluntary muscles. (A case of this form I shall report in connection with this paper.) Tetanus, on the other hand, makes its appearance first in the muscles of the neck and upper part of the body, however the wound may be distantly situated and painless, or, indeed, nearly cicatrized. It knows no intermission of its spasms, and is not relieved by amputation, which seems to be (other things being equal,) the cure of the former. Tetanus is more frequent in hot than in temperate climates; in youth and middle aged than in small children and old age; and in man than woman. It arises frequently from the most trivial causes. Its period of accession, from a few hours to several days. Most frequently cicatrization is almost completed. It is said when three weeks elapse without any premonitory symptoms, the danger from tetanus has passed. It is not worth while to say more than I have already intimated of the diagnosis of this disease. Of its pathology I have a few notions, but on account of their uncertainty, I will remain silent. Repeated dissections have revealed no morbid anatomy further than, frequently, congestion of the injured nerve and its sheath, and sometimes neuromatous formations in the cicatrix, which facts render any opinions I, or any one else, may form of its true pathology, very unreliable.

Its prognosis, unfortunately for our treatment, is very unfavorable, patients succumbing from the third to the fifth day. When recovery takes place, convalescence is usually protracted, and we can only give a prognosis guided by the form of spasm, general healthful condition of our patient, powers of life, etc., even after apparent convalescence has commenced. From reports of the Surgeon General's office of the U. S. army, it would appear that either the treatment had improved, or its fatality was diminishing. It seems, from said reports, that from the year 1840 to 1845, a period of five years, only six cases are reported, five of which died. From 1845 to 1860, 15 years, including the Mexican war, 18 cases are reported, only three of whom died. It is very likely many of the fatal cases were not

reported. There are reported over 36,000 traumatic cases in the time from 1840 to 1860, with 24 cases of tetanus and 8 deaths.

The treatment of tetanus has been various, and empirical necessarily. Opium was once depended upon in large doses. In this disease there is a surprising tolerance of narcotics, as much as four or five grains of solid opium, every two or three hours, which drug seems to be almost inert. The woorara poison has been tried without producing that desirable effect which was reasonably looked for. It is a remarkable fact that the mortality from this disease has been ameliorated since the discovery of chloroform, and the heroic use of opium abandoned. The division of the nervous trunk implicated, on the cardiac side of the wound, is philosophic treatment. In cases where a toxic condition of the blood is suspected, we can expect to do but little good, until we have made use of such remedies as are apt to improve the condition of the blood. In these cases mercury pushed to ptyalism has high authority. Recently the calabar bean has been highly recommended. I have no experience in its use and shall say nothing; in effect it is like the woorara; it is only expected of it to relax, etc. In cases of genuine tetanus it has been my misfortune to witness, the following has been the course of treatment I have pursued: Free catharsis; cold to spine; full doses of aconite every three hours, alternate with *canab-indica* in two-grain doses of extract, and chloroform, producing anæsthesia. I have seen two patients get well out of five or six, that I have met. The following case I saw after her treatment had been commenced by my neighbor, Dr. Athon, who had seen her four hours before I was called: Dr. A. having to go to the country, requested me to see her, which I did, and found the patient, a girl aged sixteen years, suffering the most intense agony, and all confined to her foot and stomach. I learned that eight hours before I saw her, she had stepped upon an iron nail which had nearly transfixed her foot, passing between the two outer metatarsal bones, through the ball of the foot. I found a box of granules of which she had been taking one every half hour, and which I understood from Dr. Athon, to be one-fourth grain morphia granules. She had taken twelve of these when I saw her. She was rigid and had slight pleurosthotonos, right side corresponding with the wounded foot, with spasm about every one or two minutes; spasm appearing to begin in the wounded foot. She expressed the most intense suffering, much of which was referred to the diaphragm. I cut the wound with a lancet, making a free incision; enveloped it in a hot fomentation, and ordered the morphia granules doubled, with ice to the spine.

Her pulse was rapid, skin cold, tongue clean. No positive hysterical symptoms, although I suspected at first that there might be a complication of that kind, as her age and general appearance would indicate a hysterical tendency, especially as she was the victim of dysmenorrhœa. Two hours after my first call, I was sent for in great haste; found her suffering quite as much as at my first visit, with regular recurrence of spasms, and without relief from rigidity of muscles of right side; no difficulty of swallowing, nor spasm of facial muscles. I ordered her sixty grains of hydrate of chloral, not wishing to make too many innovations in another Doctor's case, and left again. In an hour I called back with my friends, Drs. Dunlap, Newcomer and our worthy President, finding her in statu quo. After looking at the case, we agreed to prescribe the ext. calabar bean, but the messenger returned from the drug store reporting that the drug was not to be found. We, therefore, concluded to let Dr. Athon's treatment alone, except in one particular. I had spoken to Drs. Dunlap and Newcomer, about accidentally discovering on my own person, that hydrate of chloral was locally anæsthetic, and as our patient complained so intensely of her foot, we might get a good effect from its local application; and accordingly applied to the wound one scruple of the chloral, with the effect to entirely relieve, (the patient stated,) all the pain in her foot, and her spasms became more mild, pain in præcordium less intense, and in two days, she was on foot, quite as well as ever.

I wish to state in connection with the paper, another case of the beneficial effect of the local use of hydrate of chloral.

A young lady, 18 years of age, well developed and healthy in every particular; of German descent, about six weeks ago, stepped upon a fragment of a glass bottle, cutting an extensive gash through the plantar surface of left foot. Small pieces of glass were removed at the time; and three weeks afterwards, Dr. Athon incised the wound and made further examination for spicula of glass; found none. To-day, the wound being exceedingly painful, and with a feeling that some glass was yet in the wound, she visited Dr. Athon, who thought best to give chloroform and examine it. After the patient was thoroughly under chloroform, I removed the old cicatrix entirely, and found the thecal investment of the tendon of the great toe, thickened and very tense, which I incised and carefully examined for pieces of glass; could find none. After the anæsthesia had passed off, the pain in the wounded part was so intense as to cause almost tetanic rigor of the muscles. After waiting more than one

hour, and the pain not relaxing, we applied thirty grains elhoral to the wound, which caused momentarily sharp, smarting pain, but was followed, in a few minutes, by almost entire relief; patient expressing herself, that the pain in her foot would have killed her, if we had not put "that stuff" into it.

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## REPAIR OF WOUNDS BY GRANULATION.

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Read at the Wayne County Medical Society, October 13, 1870, by R. E. HAUGHTON, M. D., of Richmond, Ind.

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(CONTINUED.)

DEVELOPMENT AND DEGENERATIONS OF LYMPH; OR, FIBRIN AND ALBUMEN.—We have used the term lymph vessels, by which we have intended to convey the idea of vessels newly formed in the material of exudation, and which vessels are made up of the material of inflammatory lymph, as the organization of such exudations goes on. We also should distinguish in the use of this term; and also the word lymph, to distinguish from the lymph in lymphatic vessels, with which it is believed not to be identical. The lymph, or fibrin, the result of the act of inflammation, is known as "coagulable lymph," and more recently it is called fibrinous, or inflammatory exudation. Paget says, "it is always a pellucid liquid exudation, which passes through the walls of the blood vessels, as Simon has it, "sweats through them," and particularly through the capillaries of inflamed parts. Its most characteristic properties are, that it may become a substance, or material, capable of taking part or assisting in promoting the growth of new elements, similar to the connective tissues of the body. But now we come to the history of its developments and degenerations, and which constitute some of the most important to be settled as questions of diagnosis. The nature of the products of the development which goes on in this inflammatory lymph, vary very greatly, owing to many influences and circumstances, which tend to modify the type of inflammation, or impress any particular tendency upon it, may change the character of the exudation, as for instance, in simple inflammatory croup; we have an exudation formed into false membrane, and the same thing is produced in diphtheritic croup, only the *causes* which influence the type of the inflammation, are very different, and cause the difference in the character and appearance of the exudation.



Again, Bennett proposes a distinction into "simple tuberculous and cancerous" exudations. In reference to the exudations which occur from serous and mucous membranes: First, in serous inflammations, there is a much greater production of fibrin, especially if the inflammation be of an active or sthenic character, as is often observed in effusions from the pleura, the material, the fibrin, becoming rapidly organized and forming *"bands of adhesion,"* thus interfering with the function of the lung. Again, in inflammation of a lower grade, affecting the peritoneum, we may have exudation of a serous character; filling up gradually the entire peritoneal cavity, producing dropsy if not as rapidly absorbed as produced. In such cases the fluid which, though derived from the blood, contains less fibrin and albumen, than the blood. Since, then, both serum and fibrin, are from the blood, and by permeation of its constituents, through the walls of the vessels, the question arises how we have in some cases, *serous effusion*, and in others, the *fibrinous*; and what is the true or rational explanation of these facts? The explanation is partly mechanical and partly anatomical. The serous effusion is dependent upon the passage of the fluid, or serous portion of the blood through the walls of the veins; and fibrinous dropsy is dependent upon the passage of the fluids of the blood through the walls of the capillaries. The mechanical cause in both cases, is a congestion of capillaries, or larger veins, while the anatomical reason is found in the different properties of the walls of these divisions of the vascular system. The veins have thick walls consisting of several layers of cells and fibres, while the walls of the capillaries are very thin and delicate, and may become still more attenuated, as distension or obstruction from any cause may exist. The conditions of dilatation of vessels, attenuation of their walls, are determined microscopically, and thus either in a cavity, or into the parenchyma of an organ, we may find the effusion of a fibrinous fluid. When effusions once have occurred, there is a modified or changed condition of the vessels, and it is common and constant, that we reach a considerable degree of certainty, that the *dilatation* of the capillaries is the cause of the effusion. But there are two conditions still, we should not forget in our estimate of influences which produce the forms of serous and fibrinous effusions. First, the condition of the blood itself, as it is well known that the blood may be diseased as any other tissue, and may suffer in its elementary constituents, either by excess or deficiency thereof. Secondly, while the causes of

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\*Bennet & Virchow.

serous dropsy are merely mechanical, as the causes are acting more upon the veins, the causes of fibrinous dropsy are dynamic, and belong to the department of nerve pathology. But as we cannot enter upon the consideration of the diseases of the blood, or the pathology of nervous conditions, we leave this part of the subject to notice more fully the developments and degenerations of fibrin and albumen.

Fibrin has, by *some* authorities, been regarded as an effete product in the blood, to be eliminated by the various organs of secretion. Carpenter says, "there are two constituents of the blood which are to be considered as endowed with *vital* properties, viz: fibrin and corpuscles. Coagulation of blood is a vital process, and its coagulation is dependent upon the vital properties of its fibrin." The fibrin is that element of the blood which is immediately drawn upon in the varying processes of nutrition, it being the intermediate element between the crude albumen and the solid tissues. "Fibrin is therefore to be considered as an important component of the blood, and altogether different in its relations to the living body, from those products of waste and disintegration which are destined to excretion." \*In inflammation it is a protection to the tissues, and its *excess* depends upon the destruction of the blood corpuscle, and therefore an arrested nutrition, which agrees with the opinion of †Virchow, in this language: "Fibrin generally, wherever it occurs in the body external to the blood, is not to be regarded as an excretion from the blood, but as a local production." He says further: "Fibrin can only be made to exude upon any surface by the occurrence of some irritation or local change, with disturbance of the circulation. (Virchow, 206.) The spleen and lymphatic glands, are now considered to be the originators and manufacturers of the formed elements of the blood, and in particular, the corpuscular constituents of the blood, are really descended from the cellular bodies of the lymphatic glands and spleen, which have been set free and carried into the blood through the lymphatic vessels. Salisbury, in *American Medical Journal*, says: "The albumen or nutrient material, is converted into fibrin in the spleen, and lacteal and lymphatic glands, by being organized into fibrin cells, and perhaps into blood disks. The blood cell is the carrier of fibrin which is thus sent into the circulation, and is, along with the other elements of the blood, the means of nutrition to the tissues." The proof of this statement is found in hepatic disease, in which the spleen fails to

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†Virchow, Cell Path., p. 195. \*Carpenter Phys., p. 201.

manufacture blood disks and fibrin, or if so, in a very imperfect manner, the spleen itself becoming enlarged and indurated. Andral, in speaking of disease of the spleen, says: "That the splenic cells are filled with coagulated fibrin which, though it does not possess any distinct coagulation, yet possesses a greater vitality than the fibrous tissue which contains it, and is therefore more prone to alteration of its tissue." Thus, coagulated fibrin in the splenic cells organized by the tubular glandules, and undergoing filamentous metamorphosis, is being developed into fibrin filaments. These fibrin filaments pass on through the walls of the capillaries and enter the veins, and form the outer portion of the blood stream. There are properly speaking, two blood streams, the outside one passing slowly and adhering closely to the wall of the vessel, and containing colorless corpuscles and fibrin, the internal current containing blood disks and serum, and occupying the center of the vessel and moving much more rapidly. The inference is, therefore, that the colorless corpuscles and fibrin, coming direct from the lymph glands and spleen, that the nutrition of the tissues require them to be in contact with the walls of the vessel, that as Virchow has it, "the tissues may exert a selective influence, and by appropriation, receive the needed materials of nutrition." When the spleen and lymph glands fail to manufacture those materials, (formed materials,) the blood is soon thin and impoverished, and thus *it*, like other tissues, becomes diseased and deficient in normal elements. The anatomical fact which supports this view is, "that the splenic vein is of much larger size than the splenic artery."

If we examine albumen, we find it composed of the same elements *chemically*, and in nearly the same proportions; so nearly that, in fact, for all purposes in the animal economy, fibrin and albumen are the same in composition. The most characteristic feature of albumen is its power of coagulation upon the application of heat at 65° C. Fibrin is found in solution in the blood, and when drawn also possesses the power of rapid coagulation. It is thought by some authorities that fibrin is manufactured from the albumen, and, in fact, it is most probably the common pabulum of all the tissues. As we are considering the developments of the protein compounds, and which is among the most interesting, and yet difficult, of the questions of pathology, we remark, *en passant*, that, so far as development is concerned, it is indifferent whether fibrin is in a fluid or coagulated state, as in either case it acts equally well as a cytoblastema, or plasma, its capacity being unlimited; by which we mean to say, there may be evolved from the fibrin the most different forms of tissue—

either normal, as cellular tissue, simple muscular fibre, cartilage, bone, vessel, nerve fibre; or abnormal or pathological, as pus, granular cells, cancer, tubercle, etc. If, then, the protein compounds are the only substances capable of development in the human body, the question, which of them are capable of development into human tissue, is a question of vital interest, and which has arrayed upon different sides of the question some of the ablest pathologists now living. In the egg, the prototype of all formative fluids, there is no \*fibrin, its place being supplied by albumen. In the nutrition of the perfect organism, the general nutrient (the modified blood plasma), permeating the walls of the vessels, acts as the cytotlastema, or blastema, for all new formations. Now the question is, whether the fibrin is the only essential formative material in this fluid, or whether the albumen does not likewise take a part in normal development. One thing has been settled, that, in any developments or changes of tissue, viz.: that "normal tissue is never converted directly into pathological formations," and hence we are willing to accept the doctrine of Virchow, that no development of any kind begins *de novo*, and *omnes cellula e cellula* is as true of pathological formations as of independent organisms. The consequences of this law in relation to the physiology as well as the pathology of nutrition is so great that, in point of importance, scarcely any other can be compared with it. All nutrition depends upon the formation and effusion of fibrinous fluid into the structure or parenchyma of organs, and the transition from the normal, into abnormal conditions, is clearly at first imperceptible, and can only at a later period be detected—first by microscopic or chemical observation, and later still by the rational symptoms which even then, in many forms of trouble in the cavities of the body, are still obscure. Many portions of the inflammatory process are but modifications of the nutrition, and later the exudation and the so-called "plastic lymph," is but the formative fluid; the fibrinous fluid, which is necessary not only to the process of nutrition, but also under such influences as direct it, may become retrograde. The first indication of the advance or developmental process in the blastema, or coagulated fibrin, is the formation of cells. Seeing it is capable of advance or retrograde movement, it is very important in its influence upon the well-being of the organism, as to the course it may take. Before, however, the

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\* Mulder says that the albumen of the egg contains one atom less of sulphur than the albumen of the blood, and consequently in its ultimate composition it is identical with fibrin.



formation of cells are observed in the process of development, there are two or more antecedent conditions, which belong to exudations. First, it is coagulable, either in or out of the body. Secondly, it is a plastic or formative fluid, and may act as a "blastema," or "cyto-blastema," for organic formations. There are insuperable objections to the view which regards the fibrin as always the result of certain processes in vital actions of the economy, which increase the amount of fibrin in the blood, and which may be excreted or eliminated as effete material—the result of waste, disintegration, etc. We have said, Fibrin is coagulable, and coagulation is a vital endowment, and this endowment belongs préeminently to the blood, because it, as the nutritive fluid, from which all nutrition is taken, is  $\frac{2}{1000}$  to  $\frac{5}{1000}$  parts, composed of fibrin. Again, a strong reason in favor of its organization is, that there is no capacity for development, in any fluid, in the absence of fibrin.

Again, we have said: It is a plastic material, and may act as a "blastema," or "cyto-blastema," for new formations. If it is indeed an effete material, essentially dead from having performed its office in the living economy, why is it that when causing coagulation it is thus the center of cell-growth, which is the evidence of its vitality and power of development, and then under the determining agencies, or laws of tissue formation, it becomes a hystogenetic, or hystolitic? If fibrin were always an effete or dead product, how is it that under the laws of histogenesis, there is life endowment, a capacity for development into retrograde life, as is often seen in cancer and kindred degenerations? There is a capacity for development. Cells are formed in the cytoblastema, which is the parent of cancer, and here we have the degeneration of tissue, which is so highly interesting in its history. Whence the cancer-cell in this history? What influence acting upon the cytoblastema, gave it the hystolitic character of cancer? To answer these questions we must recur to other facts. First. That the capacity for development essentially pertains to the cytoblastema, no one will deny. Second. That the development of the cytoblastema may be first, advance in the direction of normal tissue, or it may be retrograde, as in the variety of formations or growths, before alluded to in the history of pathological epigenesis. If these propositions are true—which no one will now deny—what are the influences under which these developments occur? The questions are among the most occult of our science, and we shall not claim

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\* Cytoblastema? This term is preferable, meaning cell-growth, as distinguished from those who believe in tissue formations independent of cells, viz: *Nasse*.



that we can satisfactorily answer them; yet there are some advances, some observations, which we will briefly notice.

First, in the nutrition of the perfect organism, the nutrient fluid, the blood plasma, permeating all the tissues through the walls of the vessels, act as a general cytoblastema for all new formations. Whether the fibrin is the only formative material in this fluid, has been questioned; yet we are disposed to say that the fibrin is the only formative material which may be, either in its solid or fluid state, and that as yet none of the protein compounds have been found in the body capable or susceptible of development, and do not act as cytoblastema. Again, the only solid cytoblastema which has been observed in relation to morbid products or growths, is coagulated fibrin, in an amorphous condition, as when it occurs in inflammatory exuditions. But this only assumed the solid or coagulated form after its deposit. Fibrin, in the coagulated form, seems to be the principal agent in the solid cytoblastema; so dissolved fibrin is of the same importance in those that are fluid—in fact its presence in one or the other form is a necessity, for the forms of pathological epigenesis or hystolitic products which occur in the body. In all the fluids which can be analyzed, these are insufficient of themselves, (as the sol. of various salts,) as shown by \*Lehman, to act as blastema, therefore, *only*, can organized formations, normal or abnormal, pathological or otherwise, be produced when a fibrinous fluid is present. We have shown this to be the case in the forms of dropsy, as fibrin is absent; hence we have no development in any direction. Having stated these facts as they can be observed in almost every day experience, we pass to say: If it be true, then, that a morbid tissue is not produced by the conversion of a normal one, the question is, How are pathological products and growths produced or developed in the body, as tubercle, cancer, melanosis, etc.? If it be admitted as a principle or law that the cytoblastema of all healthy tissues, or of every morbid product, is obtained from the vessels, and their source is in the blood, or the chyle or lymph, as primitive fluids, then we arrive at the conclusion that some poison is either taken into the system from without, or that some poison has been generated within, which is capable of modifying the healthy fluids, changing them, and diverting them from the uses of normal nutrition to abnormal. These healthy fluids are in turn acted upon by the lymphatic glands, which may, and do become the depots of some poison which, in turn, affect the healthy fluids, till the system is so affected

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\* See Phys. Chemistry, Vol. 1, page 133.

that we call it a diathesis—as scrofulous, cancerous, etc. But if cancerous, whence the cancer-cell? as heterologous tissues are not propagated from homologous. If a parent cancer-cell, then, is necessary for such development, and such cell did not start *de novo*, what then is the answer? Paget would say, “Now comes the law of hereditary transmission,” and which law I must accept, at present. If not, then I must reject the doctrines of cell pathology. So with epithelioma. Abnormal deviation or form of cell does not constitute *malignancy*—in other words, a tumor is not malignant because its cells are heterologous; neither is a tumor benignant because its cells are homologous. There is some law of development which is impressed upon the cell, which makes it heterologous. Why does tubercle fail to show any trace till a certain age is attained, in the history of families, and from and after that period (adult age,) it rapidly develops and claims its victim? The law of constitution, the law of transmission, the hereditary law, (excepting the cases *acquired, as in inflammations, which are the caseous degenerations, the tubercle of inflammation,*) determines the time and character of the degeneration, whether it be tubercle, cancer, encephaloid, or even epithelioma. If not, then we must have a cell; and if a cell, then pathological new formations, starting, either *de novo*, or else starting from normal formative cells. But the law, \**“That every organism is a sum of vital unities,”* so also every new formation must be in harmony, until some law produces formations out of harmony. *What law, then, produces departures from homologous development, and develops heterologous ones?*

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## ASTHMA.

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By W. C. RANSOM, M. D., of Jodden, Indiana.

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On the twenty-ninth of last month, at 10 o'clock P. M., I was summoned to Mrs. S., aged 32. Found her suffering from Asthma. Mrs. S. is a victim of spasmodic asthma, and during the paroxysm she suffers intensely. Her general health is good.

I determined on giving the hydrate of chloral a trial in this troublesome disease. I saw her two hours after the attack. Dissolved  $\text{ʒiii}$  in two ounces of water, and gave one tablespoonful every fifteen

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\* Virchow.

minutes, until three doses were taken. My patient went quietly to sleep, waking at five in the morning well as usual. Her former treatment has been tobacco or stramonium, either of which always caused unpleasant symptoms.

This is my first trial with the hydrate of chloral, and as I never saw any thing in point on the use of hydrate of chloral in asthma, I would like to hear from the profession on this subject. It occurs to me that in spasmodic asthma the hydrate of chloral is the most appropriate therapeutical agent in the catalogue of sedatives, because of general relaxing powers, and leaving no unpleasant symptoms in its wake.

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### REMARKABLE EXERTIONS AFTER A FATAL GUNSHOT WOUND THROUGH THE HEART.

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By G. W. H. KEMPER, M. D., Muncie, Indiana.

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I am induced to report the following case from its interest in a medico-legal point of view. I will add that the transaction was observed by two competent witnesses on the spot.

On the 29th day of August, 1870, an altercation occurred between Simon Bates and Charles Merrill, aged respectively 60 and 23 years; both vigorous men.

While Merrill was standing a few feet distant, and with his left side toward Bates, the latter discharged a pistol at him. Merrill immediately sprang upon Bates, threw him upon the ground and struck him repeatedly upon the face and top of his head with his fist, inflicting several ugly wounds. During this time, also, Bates was struggling and pounding Merrill over his head and face with the cylinder of the pistol. The length of time during which the struggle ensued was, probably, half a minute, when Bates asked one of the witnesses to take Merrill off. While doing this, Merrill gasped, fell back, and immediately expired.

At the call of the Coroner, on the following day, Dr. J. C. Helm and I made a *post mortem* examination of the deceased. The ball entered about the center of the infra-axillary region, between the 7th and 8th ribs, passed through the lower lobe of the left lung near its inferior border, thence through the diaphragm, and notching the superior border of the spleen; thence ranging upward through the diaphragm again, passing through the pericardium, thence through

the left ventricle and right auricle, and again passing through the pericardium; thence through the middle lobe of the right lung, and lodged beneath the skin, two inches below the right nipple.

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## CLINICAL.

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### STOMATITIS MATERNI.

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By **T. B. HARVEY, M. D., Prof. of Diseases of Women and Children.**

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GENTLEMEN: You have heard, during our examination of this case, that the patient is twenty-four years old, and that until within about a year enjoyed good health, and that she was confined with her first child (illegitimate) near a year ago, having enjoyed comparatively good health during gestation, only having suffered with pain in the right side, a pain which is very common in first pregnancies, and sometimes afterwards, and scarcely ever amenable to treatment, but which subsides after parturition. She was two days in labor, and upon the third day after got up and tried to walk, but was forced to return to bed immediately. Symptoms of peritoneal inflammation showed themselves, and from what we can gather from her description, a severe form of puerperal fever followed, the lacteal discharge as usual being arrested. After recovery, a discharge occurred from the vagina, which has continued ever since until within the last four or five weeks, resembling the purulent discharge of vaginitis. You will notice how emaciated and weak she is, scarcely able to walk, the emaciation and anæmia being the type of her constitutional trouble. You will notice that her tongue is red and sore on the edges. It is much improved just now, as it was a few weeks ago more extensively ulcerated, and the buccal cavity generally was red and irritable.

I will state that, during a previous examination, I found laceration of the perineum, extending to the sphincter ani, with prolapsus uteri as the result. The perineum being one of the normal supports of the uterus, its laceration so disturbs the relation of the parts that some form of displacement may always be expected.

The soreness of the mouth is intermittent; at times nearly well, and then returns. This is characteristic of stomatitis materni. So

is the hectic flush of the face; and if she were nursing her child, no one would question the diagnosis—stomatitis materni, as this disease is thought to depend upon anæmia resulting from excessive lactation, or in some instances upon gestation; in the latter case, perhaps, having been preceded by it during a former lactation. It is produced, perhaps, to some extent by epidemic influences. Ten to fifteen years ago there was much more of it in this country than of late years. I have only seen it occasionally during the last seven or eight years, and then have not found it so intractable as formerly.

My friend, Dr. David Hutchinson, formerly of this State (now of Winterset, Iowa), received the Fisk Fund prize for the best essay upon the disease, about twelve years ago. The sore mouth is simply a local manifestation of a constitutional condition. The name stomatitis is a misnomer, as it but poorly illustrates the pathological conditions which obtain. The disease, or local manifestation, is not confined to the mouth, but frequently invades other neighboring cavities, and particularly the pharynx, œsophagus and stomach, and the whole extent of the alimentary canal, producing chronic gastritis, duodenitis, ileitis or colitis, with diarrhœa. Or it may pass into the larynx, trachea and bronchia, or into the eustachian tubes, frontal sinuses, etc., and frequently affects the vagina. It has been noticed that very young women are liable to it, and that frequent pregnancies, close together, predispose to it. Does pregnancy or lactation produce some peculiar blood change, differing from ordinary anæmia or debility? It may be within the power of some of you, by diligent study and thorough investigation, to throw some light upon this problem.

I have been a convert for years to the prevalent doctrine that the disease is the result of a drain upon the system, during gestation and lactation for the growth and sustenance of the child, and this doctrine is mostly endorsed by the profession. But here is a case before us presenting all the characteristics of the disease, without having had any symptoms of it during gestation, and in which lactation never occurred. This case, then, casts some doubt upon the theory of simple exhaustion, and indicates that if the disease or an anæmic condition arises, it is from maternal influences; that it is some peculiar condition differing from anæmia from other causes. The view that it is the result of over lactation is certainly well sustained by the fact that, frequently, it entirely subsides upon weaning the child.

This patient is improving upon nutritious food, animal and vegetable, with tonics, particularly the muriated tincture ferri, fifteen



drops every three hours in sweetened water, with potassa chloras in solution as freely as the patient can take it. Cod-liver oil is a favorite remedy, but as the patient has a good appetite, and now digests well, we will trust to good nourishment, and when she so far recovers as to insure union of the parts, will present her again for the purpose of operating upon the lacerated perineum. One fact must not be lost sight of, and that is the mental disturbance which may exist in these cases from *disappointment*, and its effect upon digestion and assimilation.

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### CASE OF CATARACT.

By Prof. J. A. COMINGOR.

GENTLEMEN: David Thrift has completely formed double cataract, and has a feeble constitution. The cataract has been developing about four years. Cataract is opacity of the lens. The opacity takes place slowly in some cases, requiring seven years to mature; whilst in others it forms rapidly, becoming complete in a few weeks.

Before describing the operation, I may be expected to speak of some of the morbid agencies which give rise to cataract. But of these I am not inclined to spend much time in discussing. The causes, whether remote or proximate, are by no means settled. It occurs at all ages. It exists at birth, and may be acquired at all periods of life; but it more frequently occurs in the decline of life. It seems to bid defiance to all rules laid down for its government, as it appears under widely different conditions of system. All theories yet advanced accounting for its origin are mere guess-work, and for the most, fanciful and unfounded. The senile form of cataract is the kind that calls for attention in this case. What shall we do for it? I know of but one way of effecting a cure, and that is by an operation. I know there are hosts of quacks who say they can cure cataract without subjecting the patient to an operation; but it is untrue. And when you hear this statement made, you may regard it as an apology for incompetency, or at least an unwillingness to operate. The time may come, and I hope it may, when surgeons will discover therapeutic agents which will clear the lens and restore sight. But we have not yet arrived at this advanced period of science.

There are two varieties of cataract—the hard and the soft. Congenital and traumatic usually are of the second variety, the senile

to the first. The kind must determine the operation. If the lens is hard, we cannot expect to restore sight and maintain a healthy condition of the eye by any other method than that of extraction. To depress, would be to leave the lens in contact with the delicate tissues of the eye, the ultimate effects of which would be disorganization of that organ. We propose, therefore, extraction in this case. There are several methods of extraction. Without stopping to consider their merits or demerits, I shall adopt the conical section as most suitable in this case.

There are three stages to be observed in making the flap operation. In my right hand I hold Bar's cataract knife. In my left, a delicate pair of toothed forceps. The lids are to be held, as you see them, by assistants or the speculum. I seize the conjunctiva with the forceps to steady the eye; with the knife enter the eye from the temporal side at the margin of the cornea, about the center of the ball, carrying it across the meridian of the eye, making the center puncture correspond with the first. The flap is now found, and this constitutes the first stage. The lids close, and the patient is allowed a few moments of rest. The next step is the incision of the capsule. I do that with the depressing needle, by introducing it through the wound and separating the capsule. This done, and after a moment's rest, the third is the removal of the lens. We effect this by gentle pressure on the upper and lower zones of the ball, favoring the rotation of the lens, that it may present edgewise to the wound, so that it may make an easy exit.

If any considerable quantity of lens substance remains, it should be scooped out, and no part of it allowed to remain in the wound, as it will be sure to embarrass union. The flap being now adjusted, the compress and bandage completes the operation.

The after treatment is of great moment. Upon its proper observance depends the success. The patient must remain in bed for several days, be properly nourished, and the eye should not be unnecessarily disturbed. If restless, he should have a quarter grain of morphine every two hours until rest is secured.

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## PNEUMONITIS.

By Prof. R. N. TODD.

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GENTLEMEN: The patient whom I will present to-day is a man aged 25 years, who is able to be up and performing his duties. Yet, pathologically, it is a case of a good deal of interest. This is a stout,

heavy, muscular man. His chest, as you see, is full. He states that he had "marsh fever" a year ago, while in Texas. In all probability, he had typhus malarial fever. He states that his father died of some chronic disease. Pneumonitis, as you know, is inflammation of the lungs. The diagnosis in this case is mercurial pneumonitis. Acute pneumonitis attacks the lower portion of the lung, characterized by cough, febrile movements, and increased rapidity of the respiration. These are not positive proof; but if there be a mucus roneus, that is positive proof. In these cases there is an effusion of plastic matter into the air cells. Pus takes place in these air cells, constituting what the old writers termed gray hepatization. In chronic pneumonitis this exudation becomes fibroid, and is not absorbed.

In the case before us there is dullness on auscultation and percussion all over the lower portion of the right lung. How are we to determine whether this is a case of chronic pneumonitis or tuberculosis? Tubercle would not be likely to occur in the lower part of the lung. I have never seen a case of this kind. While the lower portion is the general seat pneumonitis.

In the upper part of the right lung there is a distinct purile sound. This is due to an effort on the part of nature to make up for the deficiency below. The left lung is clear and resonant. This is, I think, a common disease. Never neglect your cases of acute pneumonia, gentlemen, until they are cured. See that the breathing is full down to the edges of the lung.

Now, how will you cure chronic pneumonia? By hygiene, nourishment, warm clothing, tonics and blisters. Blister, gentlemen, and produce absorption. Blister daily with the fly blister. I do not say for you to blister in acute pneumonia.

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## CHRONIC PELVIC CELLULITIS.

By **Prof. T. B. HARVEY.**

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GENTLEMEN: I will show you to-day Ellen C. She is now 24 years of age. She was married at the age of 17, and in six weeks after her marriage she thinks she had miscarriage, followed by hemorrhage, which continued two weeks. She menstruated regularly until the next fall; she then had what the doctor called "falling of the womb," but no examination was made. She recovered from this dif-

ficulty in a few months, and menstruated regularly until last March. She was then working in a dairy, and while menstruating was exposed to cold and wet, which caused menstruation to stop suddenly, and she has not menstruated since.

In June she had *typho pneumonia*. When she recovered from this, she noticed a swelling and feeling of heaviness in her abdomen. Her abdomen, as you see, is very much swollen. It is about the size it should be at seven months gestation. This tumor is soft above and hard below. The sides are modulated. Pressure gives her pain. I examine the uterine with the sound, and find it normal in length.

This, gentlemen, is a case of *chronic pelvic cellulitis*. There are no symptoms of indicative of the presence of pus, such, for instance, as hectic, night sweats, rigors, or an anxious countenance. This disease sometimes terminates in supuration, and for this reason it is sometimes termed "pelvic abscess." It is of a phlegmonous character, attacking generally the cellular substance of the pelvis, and often the uterine appendages. It may occur at an early period of life. It is by no means confined to the married women, but they are more liable to it than the unmarried.

Now, in regard to the treatment of this patient, we find it necessary to improve her general health, and for this purpose we will give her iodide of potassium, citrate of iron and quinine.

Locally, we will endeavor to keep up constant counter irritation. This can be accomplished the best and most conveniently with the fly blister. We will have this applied first on one side and then on the other, alternatively.

November 9. Gentlemen, this case has been before you before, and when it is so I can, I shall present the cases again, that you may see their progress, and the result of our treatment, either for good or for bad.

Ellen says she is much better than she was when she was before us. You remember we ordered blisters to be applied to her abdomen. she states that since these applications were made, her pains are not so great, and she rests very well at night, and, you see, she has a much better appearance than she had a week ago.

# PROCEEDINGS OF SOCIETIES.

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HALL OF ACADEMY OF MEDICINE, IND. MED. COLLEGE, }  
 INDIANAPOLIS, November 1, 1870.

The Academy was called to order by the President. Minutes read and approved.

Dr. Bigelow, the essayist, read a paper on "traumatic tetanus."

Dr. Newcomer, who saw the case in company with Dr. Bigelow, said it was the only one he ever witnessed in nineteen years practice. The appearance of the patient presented to him a nice point to decide, viz.: As to whether or not there was hysteria? Was well pleased with the local action of hydrate of chloral in the case.

Dr. Fletcher said he had never treated a case of traumatic tetanus. In regard to the use of chloral, from experiments made by hypar-domic injection by Dr. Beale, on animals and birds, he was satisfied that it was a local auesthetic; was inclined to believe that there was hysteria present.

Dr. Todd stated that he had but little experience with the disease, and if hydrate of chloral will do what is represented here, it is well for all of us to remember it. The disease is one we have but little knowledge of. Until we can settle the pathology, and physiologists tell us more about it, our theories and practice will give but little satisfaction. It is a disease caused by the irritation of the ends of sensitive nerves, transmitted to the spinal cord, producing reflex spasm. Could not say why it prevailed more in hot climates than in cold. Was pleased with the action of chloral in the case reported, and thinks that opium is contra-indicated in traumatic tetanus.

Dr. Oliver said the paper was one of great value to him; he had never seen a case of traumatic tetanus in man. The Dr. related the case of a horse, which a friend called him to see, and from the symptoms which were present—neck stretched, ears fallen forward, etc., he recognized tetanus.

Dr. Cominger: There are two varieties of tetanus, traumatic and idiopathic; the first is acute in its character; runs its course rapidly, and almost universally terminates fatally. I have seen three cases of this variety, all of which had a fatal termination within one week after the first manifestations of the disease. I know of no well authenticated case now upon record as having recovered. Cases are reported as having been cured by this and that agent, but I am of the opinion that a correct diagnosis was not made. Lock-jaw is the



first marked manifestation of this variety, and is present during the whole course of the disease. If trismus is not present, I should not regard it as traumatic tetanus. The case reported does not bear the pathognomonic signs such as represent a genuine case of the disease; there was no trismus connected with the case; the spasms were of the chronic kind, and strongly simulate of hysteria. The patient being a female favors this view. The idiopathic variety is more manageable, and recoveries are not infrequent. It progresses slowly, may continue four or five weeks, and end in recovery. Predisposition and climate favors its development, and the negro is peculiarly liable to this disease. Research into morbid anatomy has failed as yet to furnish any clue to the pathology. Some investigators claim that they have found on the medulla oblongata and spinal medulla, structural changes; others, of equal merit, deny. When such changes exist, facts rather warrant the conclusion that they are effects rather than causes. Dr. Todd, of London, calls the disease "*exalted polarity*" of the nervous system. Of this we know nothing. Toxæmia of the blood, suggested as a cause by the essayist, is not a tenable theory. As a rule, the intellect is clear to the last; the disturbance of the brain and nervous centers is not sufficient to warrant this conclusion. I am highly pleased with the local application and prompt action of hyd. chloral in the case reported; it seemed to arrest the spasm and co-ordinate nervous action. This is certainly a great gain in the curative process, and what it did for this case it may do for a genuine one, and I hope that it will prove effectual in arresting acute traumatic tetanus. I am satisfied that we must turn our attention to the wound to prevent the disease, and when once established, we must treat the wound to give relief. I believe the disease originates peripherally, and reflexes centrally. If there were no nerves implicated in the wound, I am of the opinion there would be no tetanus. If the secretions of the wound are unhealthy, they should be rectified, if pain exists that should be relieved.

Dr. Harvey was pleased with the report of the case, and the remedy as locally applied. Whether it was a true case of traumatic tetanus or not, will not say; am inclined to believe it was. Have no doubt that the spinal cord is the seat of the disease, and it does not necessarily follow that it should be diseased. When the disease has lasted any great length of time, it is possible it may become diseased. Yet, so far as we know of the pathology, no characteristic organic change has been found in it; sometimes not even congestion. Believes that is peripheral, and not centric.

Dr. Bell, in his remarks, reported the death of 100 children in a

small Prussian town, all of whom had been attended by one midwife, these deaths being attributed to the use of too hot a bath. The Dr. reported a case produced by removing a thorn in the foot, which proved fatal in fourteen days, and a case of a new-born child which proved fatal in four hours.

The President gave his observations in forty years' practice. In 1829 he saw his first case of traumatic tetanus, which proved fatal. Second case also fatal in 1842. Was well pleased with the action of hydrate of chloral in the case reported, and would like to know whether it is the anæsthetic, or a specific quality in the chloral that produced the good result? Does not believe there was any hysteria in the case reported.

Dr. Bigelow, in his closing remarks, indorsed the views taken by Dr. Cominger, and said that he did not consider it a true case of traumatic tetanus, owing to the absence of trismus, and that if he published it, he would name it "traumatic spasm." He was also disposed to believe that hysteria was present in the case.

On motion, it was resolved to adjourn.

GEO. W. MEARS, M. D.,

A. W. DAVIS, *Secretary.*

*President.*

## VALEDICTORY OF D. H. OLIVER, M. D., PRESIDENT INDIANAPOLIS ACADEMY OF MEDICINE.

*Gentlemen of the Academy of Medicine:*

Before retiring from the office you elected me to a year ago, you will permit me to indulge a few remarks, not only to express my thanks for the confidence you had in me, and the honor you so generously conferred upon me, and the uniform kindness with which you have always treated me, but also to comply with a usage co-eval with this Academy.

I am gratified to say that the past year has been characterized by promptitude on the part of the members of the Academy; they have displayed much zeal and energy, as well as wisdom, in their personal efforts in scientific research.

It also affords me satisfaction to be able to give you a synopsis of the Essays read to, and ably discussed by, this body of medical Gentlemen, and also the reports of cases.

\* \* \* \* \*

It will be remembered that the Academy of Medicine, having ac-

cepted certain propositions from Dr. T. M. Stevens, with regard to the publication and maintenance of the "Indiana Journal of Medicine," it thereby becomes incorporated in the enterprise. Accordingly I would urge every member to give such assistance as they may, from time to time, be able to furnish; and not only so, but let each one bear in mind to exert their influence among their acquaintance in the profession in the State and elsewhere, so that by the furnishing such manuscripts for publication it may build up the "Journal" to be the pride and boast of the profession in Indiana.

It affords me great satisfaction to be able to say that the first-born of our Academy, the Indiana Medical College, yet in its infancy, and "fettered with swaddling bands," has sustained itself nobly, and has already marked out a brilliant record. Though just entering on its second year, it has proven to the profession that it possesses the ability and facilities, we trust, as well as the "material," such as will attract the attention of medical men and students of medicine throughout the entire land. And there is no reason why it should not. Situated as it is, in a young but enterprising city, whose geographical position is not equaled by any, and whose spirit of liberality must and will become attractive.

You will also recollect that this Institution has, since its formation, had control of the medical department of all the Charitable Institutions of this city.

But I can not close these remarks, gentlemen, without telling you that however prosperous we have been during the past year, yet we have met severe and irreparable loss. Three members of this Academy have died during the year. Eulogium for such spirits as they, from pen like mine, were almost sacrilege. Their labor is done, and their works do follow them.

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#### INAUGURAL ADDRESS OF G. W. MEARS, M. D., PRESIDENT OF INDIANAPOLIS ACADEMY OF MEDICINE.

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I had, Gentlemen of the Academy, indulged the hope founded somewhat upon my age, and more upon a promise of influential members made me years since, that if I would interest myself in the less onerous duties of the Society, I should be excused from the more arduous labors connected with the administration of its affairs. It will be conceded by gentlemen that the evening of a professional

life as laborious as mine is known to have been by most of you, should, if possible, be spent in quiet—at least it will, I think, be admitted that forty years of unremitted toil in the professional harness should entitle an individual to a selection of duties for the remainder of his life. But it is not my purpose this evening to requite the handsome compliment of a unanimous call to the Presidency of the Academy, by uttering complaints at the labors of an office which its incumbency necessarily imposes. I have been accustomed all my life to work, and albeit, I am by no means physically as able as appearances indicate, I should be recreant to the noble cause to which, as I have before stated, I have devoted nearly a half century, were I not willing to forego the coveted comforts of repose, and place my remaining energies somewhat in the hands of friends who are giving their lives to the progress of a science which has been my first persistent and last love.

It is almost needless to promise, having premised so much, that I shall exert my best energies, both physically and mentally, to administer the affairs of the Society satisfactorily—regretting most sincerely that I shall be able to bring into the work but a very limited experience, with quite indifferent executive capacity, and shall hence in the discharge of the varied functions of the office have to claim, doubtless upon many occasions, the indulgence of the Society.

The number of names, as reported by the Secretary, upon the roll is very large, and would, or should, indicate a very healthy condition of the Society, providing that it were an active working membership. It is, however, unfortunate, that from causes unknown to me, there seems to be a flagging in the interest formerly manifested. Is this growing indifference not, in a measure, chargeable to the fact, first: that members have become careless about sufficiently elaborating the subjects presented for the discussion of the Society? Second, that notice of the nature of the subject is not furnished members in time to allow of examining authorities in order that all might be posted on the points bearing upon the question to be discussed? In my judgment these are questions involving much of the interest of the Society, and I commend them most respectfully to its consideration. And thirdly, are we sure that we do not lose much by a want of promptness in convening at the hour fixed for our weekly meetings?

Not only does the arrival of members from time to time interrupt business, but it involves, to the delinquent member or members, the loss of a portion and sometimes the whole of the reading of the pa-



per presented as a consequence. It is quite evident, moreover, that such delinquent members fail to appreciate the fact that their absence is likely to delay the proceedings of the Society, and thus absorb the *time* of the more prompt attendants over which they are entitled to no control, and for the waste of which they should of right be held responsible. The only possible excuse for laggards is the rare accident of ill-health, or the occurrence of a pressing professional call. That the latter contingency occasionally affords legitimate ground for tardiness or entire absence, we very readily admit, but that such cause can account for the late attendance or absence of one-half of the membership generally, argues a state of health, or rather ill-health, of our city which must be highly encouraging to the youthful aspirants for professional business. With at least average opportunities for observation, I have not been able to detect such alarming hygienic condition as prevalent. Want of will, I fear, is at the bottom in most instances of absence at the stated hour of assembling. Be the case what it may, the fact is an evil of some magnitude, and demands, in my judgment, the enforcement of corrective rules. The remarks in regard to the *tardy* may apply with still greater force to members who voluntarily, or for trivial cause, absent themselves from the stated meetings of the Society. Nothing so seriously affects the vitality of an association of the kind as to have all its work left to the "faithful few" who are found willing to devote a portion of time and talent to the welfare of the Institution, while, on the other hand, nothing so much conduces to its success as a general manifestation of interest in its entire membership. No man who has pledged his service to the Society by signing the constitution, has the *right* to give time and service thus disposed of to other objects. He should regard it not only as paramount duty, but a privilege, to furnish his quota of labor and intellectual ability to sustain its character as a literary institution.

The object of the Association being the mutual improvement of its members as well as that of the advancement of a science in whose progress all are equally interested, I can scarcely conceive of the necessity for the application of force to insure a more faithful attendance upon its deliberations. Surely, to all enlightened members, the motive for hearty co-operation in the work still exists, and urges at the hands of the indifferent, deeper and more earnest efforts in that direction. To the "faithful few," delinquents owe a debt of honor. Will they endeavor, in the coming year, to discharge it?

I have noticed with some concern, occasional asperities of feeling in debate, which, apart from its acknowledged bad taste can, as I



apprehend, lead, in the end, to no good. No one has more faith than I in the motto: "*Excollisone cintillæ*;" none believes more than myself, in the effect of fair, open, intellectual combat, as a means of eliciting those valuable truths which so often underlie medical subjects. But I can not, for a moment, find excuse in an association of this kind, for crimination and recrimination. Indeed, I am persuaded that all personal allusion in debate, is not only ungentlemanly in character, but calculated, in an eminent degree, to defeat the object of legitimate discussion; and avail myself of the occasion to exhort gentlemen to a course in future which shall be more distinctly marked by those amenities of feeling and conduct, which shall, at the close of the evening's transactions, leave no sting behind.

The report of the Secretary of the Society, which will in due time be presented, discloses the fact that there are at this time, about thirty working members,—a number quite sufficient in my judgment, to render its transactions not only interesting, but in a high degree, profitable to all parties, under a strict observance of its rules. We may suppose even that, under the *prodigious* weight of professional business, which furnishes the common excuse for nearly all delinquencies, we place the number at twenty-five active, interested, business members, we shall be enabled to allow to each member, six months for the production of a suitable paper which he need not blush to see in print, being alike creditable to himself and this Society, which should rank, being metropolitan, among the foremost literary institutions of the kind in the State. Need I ask gentlemen fully appreciating the meagre, and often carelessly prepared contributions, and more careless and indifferent preparation for the discussion of subjects presented, whether it deserves such designation? I apprehend they will agree with me in the decision that it does not.

Upon examination of the report of the Treasurer, I am gratified to find that, after payment of all demands against the Society, for the year ending on the first day of October, 1870, there remains still in the treasury some money; and this, too, as I learn, without a full collection of all the dues for the past years. It exhibits, I think, a very satisfactory condition of the Society's finances, and seems to suggest as appropriate, a return to the old system of exacting three dollars for the annual assessment, instead of five, as recently provided, leaving the initiation fee of five dollars, stand as at present demanded. I do not apprehend that a retrograde movement of this kind will, in any way, lessen the interest in the work, while its tendency will be to make the payment of dues more prompt, and thus ensure at the end of each fiscal year, a replenished treasury.

EDITORIAL.

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We notice that Dr. J. B. Chagnon reports in the Canada Medical Journal of 1870, that he has treated a case of *cerebro spinal* meningitis successfully with chloral hydrate, and seems to claim the priority of its use in this disease. As far as we are advised, the credit of such a claim should be given to Dr. A. Patton, of Vincennes, Indiana.

By referring to the July number of this Journal the reader will find a very able article by that gentleman upon that subject.

We understand, by a subsequent note from the Doctor, that he regards its beneficial actions depend upon the fact "that it relieves hyperemia of the meninges of the brain and spinal cord; that its primary and special effect is to so contract the capillaries of the brain and spinal cord as to produce a state of *anæmia*."

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In connection with the paper of Dr. Bigelow, as found in this Journal, upon the internal application and use of the hydrate of chloral in tetanus, we will say that the employment of this remedy in the above disease is being very thoroughly canvassed, and many cures are reported with more or less benefit, some cases have resulted from its internal use. As far as we are advised, the case of Dr. Bigelow is the first where the hydrate has been used as an external application. Whether the case be taken as one of true tetanus or not, it is certainly one of great interest. We commend the discussion upon this subject before the Academy of Medicine to the attention of the profession.

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DR. S. C. TOMLINSON, of this city, has the subscription list under his control at present, and is fully authorized to receive and receipt for money on subscriptions from new subscribers. Our terms are still *cash*, and for every \$1.50 paid the Dr., we will be happy to send a copy of the Journal.

## REVIEWS.

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PRACTICAL ANATOMY—A MANUAL OF DISSECTION—By CHRISTOPHER HEATH, F. R. C. S.; edited by W. W. KEEN, M. D., pp. 572, 1870. Henry C. Lee, Philadelphia. For sale by R. W. Cathcart, Indianapolis.

The first American edition of this excellent manual has recently been issued, and is adapted to use in American Colleges, by altering the arrangement so as to follow their order of dissections. It gives the more recent views as to the action of the supinator longus, interossei, omo-hyoid, and other muscles—views which are undoubtedly correct; also, corrects views which have heretofore been entertained with regard to the nervous supply of the arytenoid and other muscles. It has some excellent suggestions with reference to the preservation of material, not new, but very useful; also, directions for making permanent preparations, of interest to students and physicians living remote from the conveniences of dissecting rooms. It is not a substitute for the text books on anatomy, but as a guide in the dissecting room, its clearness of style, brevity, arrangement and illustrations make it as good a work for the purpose as can be had. Many of the diagrams illustrating nervous distribution and the topography of hernia, &c., &c., are new, and of assistance to all students of anatomy. We can warmly commend this unpretending but thorough work, and feel sure that every one engaged in the study of practical anatomy will profit by its thorough perusal and by constant reference to it during his dissections.

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THE PATHOLOGY AND TREATMENT OF VENEREAL DISEASES, INCLUDING RESULTS OF RECENT INVESTIGATIONS UPON THE SUBJECT—By FREEMAN J. BUMSTEAD, M. D., Professor of Venereal Diseases at the College of Physicians and Surgeons, New York; Surgeon to Charity Hospital; late Surgeon to the New York Eye and Ear Infirmary, etc., etc. Third edition, revised and enlarged, with illustrations. Philadelphia: Henry C. Lee, 1870.

It is not necessary to more than call the attention to the above as a "new edition, revised and enlarged," of the most thorough work upon the subject that, perhaps, is now before the profession. The text has been compressed, but volume enlarged by sixty-four pages addition of new matter. No one who pretends to be *posted* upon venereal diseases *can* be without the present volume. For sale by R. W. Cathcart, No. 26 East Washington street, Indianapolis.

## GLEANINGS FROM FOREIGN JOURNALS.

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Translated by GUIDO BELL, M. D., of Indianapolis.

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TREATMENT OF SYPHILITIC SWELLINGS.—Prof. Sigmund recommends punctures by an exploring trocar, or by a Pravaz's syringe. The puncture must be performed once or twice a day, followed by an injection of linseed oil with carbolic acid, or by a compress bandage. After the puncture the pus can also be evacuated by slight pressure. In regard to the general treatment, the author mentions the hypodermic injection of chloride of silver. The solution contains four grains to an ounce of water. At first, 12 drops are injected twice a day. The groin and the infra-clavicular region should not be chosen as sites for injection. The cure is rapid, but not sure. In suppurating buboes, S. applies a solution of carbolic acid one part, with linseed oil four parts and lime 32 parts, after Lister. It is useless in periadenitis. It requires the same length of time as any other method, but in cases of large cavities it manifests its good effects by diminishing the secretion and bringing up healthy granulations.—*Bericht d Wiener Krankenhaus.*

A new caustic for excrescences and tumors is recommended for its painlessness, local action and good healing. Bichlorate of acetate is crystalline, colorless, volatile, and can be obtained from vinegar, with chlorine and water, exposed to the sun.—*Schweitzer Wachensch. f. Pharm.*

Dr. Fuller, after having failed in treating vomiting of pregnant women with prussic acid, nitrate of potassa, oxalate of cerium, opium, nitro-muriatic acid, bismuth, alkalies and quinine, resorted to ipecac. The prescription was the wine of ipecac, in very small doses, in water, hourly. The vomiting ceased after two or three days. This remedy is also recommended for children troubled with vomiting and diarrhoea.—*Lancet and R vue Th rap.*

Dr. Christman had a girl under his treatment suffering from hemorrhage of the nose and several organs, combined with colliquative sweating. Ergot had proved very useful in vanquishing the latter symptom. Afterwards the Doctor employed it in other cases of

profuse perspiration with the same success. The prescription was from 8 to 20 grains of ergot, four times a day.—*Württemberg Medical Cor. Blatt.*

**REMEDY FOR CORNS.**—The soft leaves of ivy are to be macerated in strong vinegar for 10 or 12 days, and applied twice a day.—*La Santé.*

**A SIMPLE REMEDY FOR RHEUMATISM.**—A large piece of flannel is well sprinkled with sulphur and wrapped on the sore part.

The Italian journal *L'Ippocratico* mentions a case of cancer of the breast cured by acetic acid and creosote.

A lady 55 years old suffered for seven years from a painful tumor of the breast. It was a large ulcer; the glands were enlarged; the constitution weakened. An operation was not advisable. Concentrated acetic acid half ounce, creosote three drachms, water fourteen ounces, were applied with lint four or five times a day. In one month and a half the ulcer was healed and the health restored completely.

**TANNO-GLYCERINE STICKS IN GONORRHOEA.**—Dr. Lehuster used sticks three to four inches long, and had complete success in all cases of gleet and acute gonorrhœa. This method is after that of E. Martin in uterine catarrh. The sticks are prepared of tannic acid half drachm, opium two grains, glycerine q. s.—*Memorabil.*

Dr. Füngel publishes an interesting article on enterotomy in ileus. He quotes Nelaton, Maisonneuve, Wachsmuth and Adelman. The statistics prove that many lives have been saved by this operation. The place of occlusion should not be sought, because it cannot be diagnosticated. The enterotomy is intended to remove the gas and feces. The obstruction heals spontaneously; or, if it does not, an artificial anus is the result. A tympanitic sound is always found above the occlusion; therefore a place for the operation should be chosen where the sound is clear.—*Memorabil.*

**THE LOCAL TREATMENT OF PHTHISIS PULMONALIS AND DIPHTHERITIS BY CARBOLIC ACID.**—Dr. Rothie recommends: Acid carbol. crystal; spirit vini. aa. gr. xv to xxx; aq. distilled, dr. i; tincture of iodine, gr. xv.; s. 10 to 20 drops, with one ounce of water, to be inhaled. Of six cases of consumption [caused by pneumonia, tubercles, bronchitis] success ensued four times. In diphtheria the following solution for washing and gargling was found: Acid carbol. crys.; spirit vini., aa. gr. xv; aq. distilled, dr. i; tinc. iodine, gr. vii.—*Memorabil.*



To the solution of lime-water with linseed oil, in burns, 10 per cent. of carbolic acid can be added to prevent pains and to correct offensive odors.

EPILEPSY CURED BY BROMIDE OF POTASSIUM.—A patient aged 29, had been suffering with spasms from his 22d year. The cause was unknown. The attacks occurred two or three times a day. The prescription was bromide of potassium half ounce, water half pound, every two days. Success was complete. The patient has taken more than 153 ounces of the salt in 15 months, and continues its use; sometimes slight eruptions occurred.—*Memorabil.*

Yellow Iodide of Mercury is said to have a specific effect in swelled and indurated glands.—*Deutsche Klinik.*

Pollock's treatment of tuberculosis with iodide of potassium, gives good results in chronic cases, when employed in doses of from 15 to 20 grains three times a day.

TREATMENT OF PHTHISIS WITH ARSENIC ACID.—The dose must be very small, gradually increasing, and occasionally suspended; the treatment is prophylactic. The first 10 days, .016 of a grain daily; the second 10 days, one or two table-spoonsful of cod-liver oil daily; the third 10 days, no medicine; then as before. This treatment is to be continued from November to May; besides, the diet must be rich and well regulated.—*Abeille Medicale.*

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## MISCELLANEOUS.

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### CARBONATE OF AMMONIA IN THE TREATMENT OF PNEUMONITIS.

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By A. PATTON, M. D., of Vincennes, Indiana.

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Carbonate of Ammonia has long been used in pneumonitis to fulfil certain special indications in the advanced stages of the disease, under the supposition that its value depended upon its stimulant properties, sustaining the vital forces in cases where there was extreme prostration, or aiding expectoration by giving tone and strength to the respiratory organs. But I am convinced that this application of the remedy, in pneumonitis, is far too limited, and that its stimulant properties constitute but a very small proportion of its remedial value.

My attention was first directed to this medicine, as a remedy in all the stages of pneumonitis, during the winter of 1862, when in charge of a large number of cases of the disease, and placed in a situation where it was impossible to procure such medicines as I desired. Ammonia was employed, not upon theoretical considerations, or because it was supposed to be the best remedy, but for the want of a better. Thirteen well-marked and very severe cases of pneumonitis were placed upon carbonate of ammonia from the first day of the attack, and submitted to treatment by this medicine exclusively, with the exception of counter-irritation in several of the cases. In many of the cases there were high febrile excitement, severe pain in the region of the inflamed lung, sputa very tenacious and rust-colored, and crepitant râle distinct in every case, with more or less severe dyspnœa in ten of the cases. In two double pneumonitis existed.

The effect of the medicines was most carefully observed both by myself and assistant, and to my agreeable surprise I observed that, instead of increasing the febrile excitement and heat of surface, both were greatly reduced in a very short time. The pulse became less frequent, but full and strong, the skin moist, and temperature reduced. The pain in the region of the suffering lung was promptly diminished in all the cases. But its most strikingly beneficial effect was upon the character and frequency of the respirations, the dyspnœa being relieved and the respirations rendered easy, full, regular, and decidedly less frequent.

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I respectfully ask physicians everywhere to give this remedy a fair trial, and report results through the medical journals, for if I have placed too high an estimate on its remedial value, in pneumonitis, the sooner I am convinced of my error the better. I do not claim to be the first to employ this agent in pneumonitis; many others allude to the remedy in the highest praise, but they all advise it as an auxiliary to other measures, and recommend it mainly as a stimulant. True, Dr. Flint advises its employment to prevent heart-clot, and gives it throughout the disease. Dr. Styles employs it in large doses, but at what stage of the disease I am not informed. Many physicians in the West use hydrochlorate of ammonia to promote absorption of the exudation, but for no other object as I understand. Some writers contend that the carbonate of ammonia is decomposed in the stomach, and assumes the form of hydrochlorate, by the action of hydrochloric acid. This may be true, but it should not cause us to substitute the hydrochlorate for the carbonate, as I have found the effects of the two preparations very different in pneumonitis, as well as other diseases.—*Am. Jour. Med. Science.*

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NO. 9.

ORIGINAL COMMUNICATIONS.

HYDRATE OF CHLORAL, AND SOME OF ITS EFFECTS IN  
INSANITY.

Read before the Indianapolis Academy of Medicine, November 29th, 1870,  
by W. J. ELSTON, M. D., Second Assistant Physician, Indiana  
Hospital for the Insane.

HYDRATE OF CHLORAL was discovered by the great Chemist, Baron Liebig, so long ago as the year 1830, although it has been so recently introduced to the Therapeutical world.

Aldehyd, Chloroform, and Chloral, are all Alcoholic products, being derived more or less directly from that compound. Thus from Alcohol ( $C_4H_6O_2$ ) by the addition of Nitric acid ( $NHO_6$ ) are found Aldehyd ( $C_4H_4O_2$ ), water ( $H_2O_2$ ), and Nitrous acid ( $NHO_4$ ).

Aldehyd ( $C_4H_4O_2$ ), by displacing three equivalents of its hydrogen with three equivalents of Chlorine, ( $Cl_3$ ) is converted into anhydrous Chloral ( $C_2Cl_3OH$ ).

But the direct method of manufacturing Chloral, and as practiced by Baron Liebig, is by passing Chlorine gas, through pure Alcohol, until the gas comes over unchanged. The result is, in place of the alcohol, a thick syrupy fluid, and is now pure or uncombined Chloral ( $C_2Cl_3OH$ ). This Chloral, by adding the combining equivalent of water, is readily converted into the Hydrate of Chloral ( $C_2Cl_3OH, H_2O_2$ ), and crystalizes into fine needles, which in crystalization unite and form the somewhat firm mass in which it is seen. These masses are usually about one-eighth of an inch thick, broken into irregular shapes, of sizes to go into large mouth bottles, and appear

to have been crystalized upon the flat bottom of a vessel. This substance has, when good, a nearly white color, may be broken readily with the fingers, to which it imparts a sensation of smoothness. The odor is pungent and peculiar; taste the same, differing in both senses from any other of the alcoholic products, at the same time giving a sense of similarity.

This substance dissolves to almost any extent in water, which is its best solvent.

In solution by the addition of an alkali, as Sodium, the Hydrate of Chloral is decomposed, liberating Chloroform, with a residuum of Formiate of Sodium. Distinguished chemists assert that from 147.5 parts of Hydrate of Chloral, 119.5 parts of Chloroform are produced.

This article, with some of its properties known, among which its ready conversion into Chloroform, remained dormant for nearly forty years, and has but recently attracted attention from the entire scientific world, by the magic of its effects. Neither are its effects illusory, or imaginary, as is often a fact with newly introduced agents. On the contrary, Hydrate of Chloral is everywhere demonstrating itself to be emphatically the most available, most satisfactory, and most indisputable hypnotic known to the Science of Medicine.

To the sleepless, whether of sane mind, the raging turbulent maniae, whose fury leaves no rest neither day nor night, or the wakeful victim of most sordid melancholia, Chloral "bringest an assuaging balm," *better than "Opium,"* for its sleep is pure and sweet, undisturbed by that "fantastic imagery" of dreams.

The approach of this sleep to the sane is often without a consciousness of growing sleepy; and waking, after the sleep has had full course, is not marked by any effects other than of natural refreshing sleep. In cases of melancholia the same may be said, with very slight modification. In the maniacal the approach of the sleep is also gradual, and may be so observed from the gradual quiet of the body, and the decline of noise, as the sounds grow weaker and weaker until, after the body is at rest, and the eyes closed, there are but occasional mutterings, or sounds as of a single word, after which the sleep is, to all external appearances, natural.

These statements are general, and doubtless subject to some exceptions, but are applicable to a greater ratio of cases than under any other hypnotic. This, perhaps, never failing when given in accordance with the severity of the case, be it mania or otherwise.

The medicine should be administered in solution, using pure or soft water, to which may be added any kind of syrup, if convenient, or preferred. But the solution must always be diluted, as otherwise

it is caustic to the mucous membranes, producing unpleasant soreness of the mouth, and sometimes pain in the stomach.

Applied to the skin, in strong solution, it destroys the cuticle by solution, leaving the epidermis inflamed and painful, with indisposition to heal. It is claimed to be a local anæsthetic.

Hydrate of Chloral was first introduced to the profession as a therapeutical agent, by Dr. Oscar Liebreich, of Berlin, in a publication so late as the year 1869. Dr. Liebreich was led to the investigation of the effects of this agent, from its known transformation into Chloroform upon reaction with alkalis. Supposing the blood to be sufficiently alkaline to effect this conversion—and also, that the limited quantity of alkali in the blood would not only prevent a too rapid production of Chloroform, but by the continued supply of the necessary alkaline elements produce a limited quantity of Chloroform, until the Chloral should be entirely decomposed; thus continuing the effects of Chloroform on the system until all the chloral be transformed.

These views were first confirmed by experiments upon animals, and not only produced sleep, but general anæsthesia, and finally death from larger doses.

The first treatment of Insanity was also by Dr. Liebreich, in the city of Berlin, in the year 1869. The dose first administered was 20 grs., and increased in various quantities up to 123.5 grs., which produced dangerous symptoms, and was considered the maximum dose for an average constitution.

In April, 1870, Hydrate of Chloral was first employed in the Indiana Hospital for Insane. The following is an imperfect account of five cases, and some general observations of the effects of the medicine:

CASE I. Mrs. I. M., admitted Nov. 17, 1870. Acute mania. Duration three weeks. First attack. Cause puerperal. Age 28. Large, muscular and very stout. Noisy, violent and destructive. Sleeps but little.

Her treatment began with bromide of potassium, and other means, including hypodermic injections of morphia, belladonna, &c., but with no effect. Medicines were administered with difficulty, but she took them sufficiently to show that nothing was being accomplished.

May 14th. All medicines have been suspended two weeks. She is still noisy and violent. She is restrained part of the time, and isolated, as she often becomes furious at the presence of other persons.

Chloral was first given, 10 grains at bed time. This produced



sleep for most of the first night, less of the second, and afterward did not produce sleep without being repeated. After a week, with no abatement of symptoms, she was ordered 15 grains at 8 p. m., to be repeated every hour until asleep. She usually slept with one dose until one or two a. m., and again after another dose, until morning, when she would waken, noisy and wild as ever. She sometimes refused food, and again ate enormously, if allowed. She was next ordered 15 grains every hour day or night, until quiet or asleep. This course was continued five days, and suspended. In six hours after the last dose, she was as wild, noisy and violent as before. During the five days, pulse 80 to 100 and small; sordes in mouth, tongue coated, appetite precarious.

She is considerably exhausted, but this may not be attributed to the medicine, as the system was becoming depraved before its administration. She has acquired great repugnance to the medicine, and resists terribly when it is given her. This is probably on account of the sensation it produces, as she says, "I don't know nothing when I take it." After a few days suspension, the Chloral was resumed only at night to produce sleep, and prevent her noise. She usually slept from three to nine hours with one dose, 15 grains, administered at bed time; but occasionally the dose had to be repeated once or twice before sleep. This course was continued two months. The mania gradually subsided, and reason returned. Her repugnance to the medicine subsided until she took it willingly. Her mind was entirely restored, and she was discharged in October.

CASE II. Mrs. L. A. C., admitted April 6, 1870. Acute mania. Duration two months. Cause, domestic trouble. First attack. Age 52. Figure tall and lean. General health below medium. She is noisy, talks loud, and sings day and night. Sleeps only at short intervals, and some nights none. She was treated for five weeks with the usual remedies, without satisfactory results. Hydrate of Chloral was ordered, 15 grains at 8 p. m., to be repeated, if not asleep, in an hour. Took the second dose, and slept until morning. Next day, until noon, would sit quietly, talking in an undertone. In the evening she was wild and noisy. The medicine now ordered, 15 grains every hour from time excitement begins until quiet or asleep. After a week, it was found that when the medicine was suspended the mania returned with no amelioration. There is appearance of depression and exhaustion. After this the medicine was only given at night, sufficient to produce sleep. Seldom more than one dose was required. The mania gradually ceased in two months, and the

medicine was no longer required. She recovered her mind slowly. She is now, Nov. 29, 1870, in the Hospital, but convalescent.

CASE III. Miss M. M., admitted April 27, 1870. Acute mania. Duration one month. Cause, catamenial suppression. First attack. Age 19. Physically, of healthy appearance and stout. Very noisy and destructive.

First gave 15 grains brom. potass every three hours, or 120 grains per day. This was continued six days, with no perceptible effect, as to the mania, or sleep. She was allowed to pass three days without medicine, and continued the same extreme mania. The Hydrate was begun in 10 grain doses, which was found insufficient, and it was given 15 grains every hour, day or night, until quiet or asleep. One dose was sufficient usually, at night, to put her to sleep; but on waking, about the middle of the night, she would immediately begin screaming, singing, and tearing her bedding. She was restrained to prevent this destruction. During the day she did not become quiet with 15 grains. At one time 45 grains were given, before quiet, and then she slept. In an hour after asleep, she was not easily wakened. The restraints were removed without effect upon the sleep, which appeared like natural, deep sleep. Respiration slow and full; pulse 80, and good. She slept six hours and wakened wild as before. She was kept under the constant influence of the medicine for three weeks, at the end of which time the mania was no better.

The Hydrate became extremely repulsive, and was resisted so that at last all attempts at administration were entirely baffled. The corners of the mouth, and sides of face and chin, were much excoriated, apparently from acrid saliva, which ran from the mouth during sleep; probably aggravated by the caustic effect of the medicine, which was often ejected from the mouth. The constant use was now suspended, as the effect was found to be only temporary. There are many symptoms of exhaustion, as loss of flesh, weakness, pulse feeble, small, and frequent. She has also less consciousness than at first. All indicating the prognosis of death from acute maniacal exhaustion.

No Chloral or other medicine was given for two weeks. She was at this time more quiet than since admission, with occasional returns of the mania. The Chloral was now ordered at night when she became noisy, and general tonics during the day. She took the Chloral and other medicines kindly. Her physical health recovered slowly, catamenia returned, with increase of excitement, which subsided as she grew better in health. She is now (Nov. 29, 1870), in the Hospital, but convalescent, and considered cured.

The following are two cases of melancholia, to each of which 120 grains of the Hydrate were given in nine hours, and show the effects of large doses.

CASE IV. Mrs. S. A. B. Was discharged last year, restored. Readmitted March 9, 1870. Acute melancholia, with delusions of danger, cries, &c. Second attack. Duration six months. Cause, supposed to be dyspepsia. She has a good constitution. Converses freely and sensibly on most topics. Complains of constant headache, with a sensation of weight bearing down upon the brain. She sleeps but little, and her sleep is much disturbed by dreams or nightmare, so that she has a dread of sleep.

All the ordinary hypnotics were used without satisfactory results. Having recently read of larger doses being customary with those of more experience, the Hydrate was ordered for this case in 30 grain doses, beginning at 9 P. M., and to be repeated each hour until asleep. Quite surprisingly, three doses (90 grains), were required before sleep. She slept until morning, when she got up as usual. Before going to breakfast, at 6 A. M., another dose (30 grains) was given her. There were at this time no unusual sensations, but she rejoiced in her good sleep, and freedom from her dreaded dreams. She ate breakfast as usual, but on attempting to go from the table, could not walk, and fell down quite helpless. She was carried to bed, and when seen in a few minutes, was found scarcely able to resist sleep, but with a feeling of fear lest she die, and attributed her condition to the last dose of medicine. She was easily assured there was no danger, and slept an hour, waking with vomiting, and a sensation of suffering in the region of the heart, with distress in breathing, as if insufficient. Pulse 100 and small. After vomiting, she slept another hour, and was wakened without difficulty. Talks, laughs, and has many symptoms of the partial effects of chloroform. She slept again until noon; got up, took dinner, and said, "I feel all right now, but my head feels funny." She remained up and did not sleep until the usual bedtime (8½ P. M.) Slept all night, with no dreams. Next morning said, "That medicine hit me in the right place." Second evening felt natural sleepiness. Took no medicine. Slept all night, but had the dreams near morning. Third night, slept, but had the dreams as before. The Chloral was continued at night for some time. Her health and mind recovered. Discharged restored.

There is reason to believe that the effect of the 120 grains, continued until the morning of the second night after the specific effect, or about fifty-six hours from the first sleep on the first night. The

similarity to the effects of chloroform also furnishes additional evidence of conversion into that agent.

CASE V. Mrs. A. P. Admitted April 18, 1870. Acute melancholia. First attack. Duration four months. Cause, religious excitement. Delusions that her family are to be lost. Sleeps but little. Constant dull headache. Converses rationally, excepting on her delusions.

At the same time she took 90 grains Chloral in three hours, as did case IV, before sleep was induced. Slept until morning, and took 30 grains before breakfast. On rising from the table, could not walk. Had similar sensations of fear and distress of breathing as Mrs. B. Slept most of the forenoon; was nauseated, but did not vomit. Ate no dinner. Was up during afternoon, and sleepy; not inclined to talk or laugh. The following night slept, but was nervous next day. The next night slept, and felt better the following morning. After this her sleep was imperfect as before the Chloral. It was used at night until she became better. Discharged restored.

From the preceding cases, and from general observation of the effects of hydrate of chloral, the following deductions may be derived:

I. It is more reliable in all classes of cases of wakefulness than any other agent known.

II. When given for an indefinite length of time, in extreme cases of acute mania to the extent of producing quiet or sleep, it has no perceptible effect in allaying the mania, but when the medicine is suspended the mania is as violent as before.

III. In acute mania, the effect of healthy sleep is not demonstrable after sleeping from this medicine; as the general symptoms of maniacal exhaustion proceed apparently with the same rapidity as when the mania is allowed to continue, even with prolonged loss of sleep.

IV. In sub-acute mania, melancholia, and other mild forms of wakefulness, great benefit is undoubtedly derived, and may be confidently expected.

V. The action of the Chloral depending upon an alkaline condition of the blood for its change into chloroform—upon which change the specific effects are based—it may be suspected, in all cases of failure, that the blood is not alkaline; but may be in a morbid state, and either neutral or acid. In which event the condition of the blood may be corrected, and the Chloral again administered. But alkaline correctives should not be resorted to while the system is

supposed to contain any large quantity of chloral recently administered, else dangerous results may follow.

Finally, it is asked that these views be indulgently considered. They are embryonic, and at present, with the writer, are but a text for further study. Your charity, advice, experience, or criticism, will either, or all be kindly acceptable.

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### QUININE AS A PARTURIFACIENT.

**By WILSON HOBBS, M. D., of Carthage, Indiana.**

I was being impressed with the idea that quinine possesses some decided properties as a parturifacient, but the origin of this opinion is certainly not known to me. In the management of pregnant women who were suffering from malarious affections, I have been careful of the use of this drug, and avoided it whenever a substitute could be found, from the fear of its producing "miscarriage." But in all my observations no case has occurred to me which could have suggested that such properties belong to it. I am most inclined to the belief that I derived this notion from Dr. John G. Dare, of Rockville, Indiana. In the year 1853 he was my associate in business. This belief is strengthened by the fact that before this time Dr. Dare resided in Knightstown, Indiana, and was of course acquainted with his neighbor, Dr. John Lewis, of Ogden, who so far as I am informed, was the pioneer in the opinion that quinine is a parturifacient. Hence, I have little doubt that Dr. Lewis was the cause of this suspicion in my mind, and as my reason and observation have convinced me that in our own State more has been thought and written upon this subject than elsewhere, the inference is pretty clear that, by his influence upon the profession in our State Medical Society and elsewhere, that his most excellent working qualities have been felt. Dr. Lewis is principally responsible for this discussion.

Dr. Lewis (now of Grinnell, Iowa), thinks quinine possesses parturifacient properties in a more marked degree than ergot, or any other known remedy; that it has a direct and specific power of control over the uterus, by which it can produce contractions. This opinion is confirmed in his mind by a great number of observations, extending through many years of active business. Very many careful observers concur with him in this belief, while a host of others deny the drug any direct influence whatever over the uterus.



The discussion of this question as it is now before the profession, may properly be resolved into two inquiries, viz.:

1st. Will quinine interrupt gestation by originating contractions in a uterus which is at rest?

2d. Will it accelerate parturition by intensifying the contractions of existing labor?

These are questions of fact which, as Dr. Parvin has well said, can be truly answered but by clinical observations.

To answer the first affirmatively would be to assign to quinine properties which cannot be said certainly to belong to any other medicine. A careful survey of what has been written upon the means for the production of abortion, and the induction of premature labor, will convince the reader that there is no known agent which, by internal administration, can be certainly relied upon to empty the uterus. Ergot stands at the head of the list of parturificients, but even its virtues are so uncertain (may we not say doubtful?) that very many altogether deny them, and none wholly trust them. So true is this, that when the emergency now occurs which makes it a duty to intercept utero-gestation, mechanical means only are resorted to.

I am not aware that any case has been reported in which quinine, administered to a woman in health, either in large doses or small, when there were existing no signs of labor, and no known causes which might produce it, has been soon followed by uterine contractions. Who has used it with the intent to produce abortion, or induce premature labor, and succeeded? Who has seen a miscarriage follow the use of quinine, where there were present no conditions which, of themselves, often produce this misfortune? Such a case would be the *experimentum crucis*, and a sufficient number of them would settle the question beyond all controversy. No reports of such have reached my eye or ear.

It is claimed that quinine is a frequent cause of miscarriage when given in the management of the prevailing diseases of the country, and that its use to pregnant females should, if possible, be avoided. It is true that this accident often occurs during the course of such disorders, and the records of medicine will show this to have been the case before the cinchona tree was discovered. Doubtless then, more frequently than now, as our present means of cure shortens the duration of very many of them. It is often very difficult to clearly define the effects of a medicine from the conditions properly belonging to disease. If, in a case of autumnal fever, when "miscarriage" had followed the use of quinine, we were to attempt to specify

just how much of this result was due to the medicine, and what part to the pathological conditions for the cure of which the drug was used, we should doubtless be uncertain, unless we admitted into the account the fact that miscarriage often occurs in such diseases when quinine has not been used, whereas it has never been known to follow the quinine when there was no disease present.

The assertion that quinine possesses such properties stands without proof; it has not the support of the necessary "cases" which cannot by other known causes be better explained. But there is much proof to the contrary. Quinine is not a drug that is administered *occasionally*, and then only in small doses—rarely given to pregnant women. There are many sections of this State, not to mention other portions of the world, where, for several months of every year, malarious diseases prevail, coming with the regularity of Christmas. The inhabitants expect them. They make ready for them. They "lay in" their quinine as they do their winter wood. And when the shivering fiend comes, does he whisper in the matron's ear to ask if she is in a "*family way*," and in mercy for her hopes pass her by? He is no "respector of persons," but lays his icy cold blue hands upon all alike. At such times quinine is the sheet anchor of cure, whether in professional or domestic practice. It is taken by patients indiscriminately, in doses of from five to thirty grains. In seasons like this, if quinine were a parturifacient, the land would be filled with mourning—"Rachel weeping for her children, and refusing to be comforted, because" they were not going to be.

The autumn of 1855 was unprecedented for the amount of malarious sickness which prevailed in the West. The supply of quinine, domestic and foreign, was exhausted. The price per ounce was from five to eight dollars. I paid as high as ten dollars for a few ounces. It was used without caution as relates to its alledged influence over the uterus, as I presume there were not at that time a dozen doctors in the State who had ever thought of its possessing such properties. Who has written the history of an epidemic of "miscarriages," which must have occurred that year, or any year when quinine was thus freely and injudiciously used if it be a parturifacient. Were its properties those of ergot, such medication would produce results as apparent as we have seen in cattle feeding upon rye fields, and in neighborhoods where the people subsisted upon rye bread made from grain from which the *secale cornutum* had not been cleanly winnowed. The universal and careless use which is made of quinine, almost warrants me in saying that the fact that our country is at all

increasing in population, proves that it has no specific power over the uterus.

2d. Will quinine accelerate parturition by intensifying the contractions of existing labor?

That it will sometimes do this I have no doubt. There are very many agents which will do as much, that are not suspected to have any direct power over the uterus.

The slowness, feebleness and irregularity of the uterine contractions sometimes observed during labor, depend upon a variety of causes differing widely in their nature, and the successful management of each case will depend upon the wisdom with which we distinguish the cause, and apply means for its removal.

Perhaps the most frequent cause of tedious labor is a state of constitutional inactivity and indolence. The pulse is languid, feet and hands cold; the patient is dull and much disposed to sleep; a state of general inertia prevails.

In such a case, ten or fifteen grains of quinine, a glass of whisky toddy, a cup of ginger tea, or what I most commonly prescribe, a cup of black pepper tea, will act as a diffusible stimulant, and most probably, in a few minutes, bring on energetic and regular pains. This is accomplished, not by the direct action of the drug or draught upon the uterus, but indirectly by it waking up the whole woman—the uterus as a part of her. As noticeable an effect may be observed upon the pulse or skin as upon the womb.

Again, the delay may be the result of a state systemic anæmia, in which there is a lack of power to carry forward the parturient process with due force and regularity. Here, again, quinine is of great service, giving that strength and continued support which are needed.

I need not further enumerate the causes of tedious labor. What I have seen in print, what has been related to me by the advocates of this doctrine, and what I have myself observed, lead me to the conclusion that the two conditions above enumerated embrace the principal of the cases, if not all of them, in which quinine will prove a parturifacient, and in them only indirectly. It is certainly not proved that it is a direct uterine motor stimulant, nor do I think sufficient evidence of the tenth of the presumption has been presented to warrant further discussion of the question. I am not aware that any leading medical writer or teacher has accredited such views, and those who have alluded to the subject have denied such properties to the drug. I did intend to append to this paper a report of a number of cases in which I have lately given quinine in

large doses to pregnant women, and during labor, but it has already grown so long that I must not further protract it.

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### NASAL CATARRH.

By **ARNOLD S. GRIFFITH, M. D.,** Nashville, Brown County, Indiana.

I have been suffering with nasal catarrh for several years. I have tried many remedies without particular benefit, and concluded to use the nasal douche. I used the simple solution of chlorate of potash, one drachm to the pound of tepid water, three ounces four times a day for three or four days. After the second day there began a fullness about the eyes, heavy sensation of the head, drowsiness and blindness on arising from a reclining position. There was a feeling similar to that of suffocation from inhaling smoke, so much so that I was continually asking if there was not smoke in the room or atmosphere. I have left off using it for two days at a time, and would feel relieved of the unpleasant sensations; but on returning to its use again the same symptoms were manifest, with increased vigor. So far as the catarrh is concerned, I feel very much better. Think it would cure me if I could continue its use.

Some of my patients are using it with no such feelings, but, on the contrary, with great benefit. What could have been the cause of its peculiar effects in my case?

If you think we would gain any knowledge by publishing this and asking your readers to give us their experience with the instrument, and their method of treating catarrh, you will much oblige.

[While we cannot explain the cause of the Doctor's sensations, we can fully sympathize with him, having experienced the same, and find the degree of discomfort is increased with the height of the liquid used, which would indicate that pressure upon some nerve or organ was the direct producer of the discomfort.—Ed.]

# MEDICAL JURISPRUDENCE.

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## MANIA TRANSITORIUS, OR IMPULSIVE INSANITY.

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By THAD. M. STEVENS, M. D., Professor of Medical Jurisprudence in the Indiana Medical College.

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I will not intrude any speculations of my own upon the members of the Profession. We have sufficient authority to settle all questions upon the essential points of this subject. I shall therefore content myself with giving the substance of the remarks of various good and recent authorities.

And first, let us see what is established in regard to the *existence* of such a condition termed “mania transitorius,” or “impulsive insanity.”

Devergie says: “There is another mode of alienations to which they give the name of ‘transitory mania.’ Without apparent previous symptoms or cause, near or remote, appreciable to the world; bursting out suddenly and ceasing with the act; no motive for the act; previous character and manner good; absence of hallucinations; manifesting itself in one act, and ceasing with that act, is the character of this mania.

“Nevertheless, the word ‘transitory,’ in the sense of ‘fleeting,’ may do for the world, but not for the physician. The person should not be considered of sound mind when the idea of crime suddenly rises in them, becomes the ruling thought—irresistible—stronger than their will.

Hereditary taints, divers acts of social life, of propensities and tastes perverted, tending to silence and abstractions; thought of suicide, for years existing in many, have been the forerunners of the irresistible criminal impulse; so that, to say the passage from sanity to insanity is *instantaneous* is an error; this, in common with other maladies, has *prodromata*, without which it is impossible to say the act is an insane one.”

Esquirol recognizes this form; also Ray, both as to such forms, and as to sudden acts as arise in any case of derangement of the brain. It is, indeed, the established doctrine, no good authority dissenting from it.

Now the impulse being established, let us see what they mean by



*insanity*. Do they make any difference between a mere impulse of passion, or excited emotions, and an *insane* impulse?

Ray says, in speaking of the various *test* suits, as the knowledge of "good and evil," "right and wrong," "design," "delusion," and "irresistible impulse," that "they are not sufficient by themselves, the actual question is, "How far the elements of responsibility is affected by *disease*?"

"Insanity is a disease, and, as in other cases, the whole body of symptoms should be viewed, no *one* of which is *always* present." Again, "some consider all crime as insanity, and that partial insanity therefore furnishes no excuse for crime. Others draw from the same premises different conclusions; viz., that madmen are not responsible, but madness is the source of all crime; therefore madmen and criminals are alike irresponsible. Which of these specimens of human subtlety can claim the triumph of absurdity it would be hard to tell.

"Crime is not necessarily the result of madness; not even when perpetrated under excitement of violent passions. In the *true* sense it is *never* so, but always actuated by motives; insufficient, perhaps, but still *real* and *rational* motives, having reference to real objects—the misfortunes he is going to avert, the insults and injuries he is about to repay, are *real* misfortunes, and *real* insults and injuries. The person he considers his enemy is *really* so, or he has reasons to think so. Violent passions may weaken judgment and diminish self-control, but perception and power of comparison is good."

"All is different in insanity. The causes are generally illusionary; they have no motive at all; merely a blind impulse, with no end to accomplish, or wish to obtain. Madness, in the absence of exciting causes, still remains.

"In short, madness is the result of certain pathological conditions of the brain; while the criminal effect of violent passions indicate unusual strength of passions, or a deficient education of the higher faculties that may restrain them. It is admitted that strong passions do deprive the individual of the power of deliberating calmly, and perceiving the effects of his fury fully. Homicides, under passion, have been distinguished from premeditated ones. In drunkenness, the same effect is produced. It amounts to temporary insanity; but this, not more than strong passions, exempts from all punishment; because, in both cases, the moral liberty is impaired, by the voluntary acts of the person himself, and must be imputed as a fault."

Bucknell and Tucke says: "All forms of insanity involve disease of the brain, either functional or organic. Disease is the opposite of

health, which is a natural and proper condition and proportions of the functions and structures of various parts of the body."

"When the homicidal act is the result of design, there is either *no* motive, or a trivial or irrational one, such as we may find in delusions, or the gratification of diseased propensities. The type of all such cases of impulsive insanity, where there is no intellectual disorder or delusion, is a blind, sudden, motiveless, unreasonable impulse."

Ray: "The presence of mental alienation should be admitted in him who commits a homicide without positive interest, without criminal motive, and without a reasonable passion."

Taylor: "Madness, in a practical sense, means conduct of a certain character. We must compare it with that of other men in a normal state. Any degree of ignorance, vice or folly is consistent with sane conduct, in a legal sense, if, from folly or depravity, he select a bad course, he is not therefore insane. The conduct must be such as is inconsistent with the usual behavior of a normal, sane person placed in similar circumstances."

So much for what they consider insanity. All authorities are settled upon this, as they are upon the fact as to the existence of "sudden impulses."

It is plain that they make a dividing line between insanity and fury from excited passion, the essential element of insanity being disease. In both there may be a *partial* or complete loss of control, or even of consciousness. In the one case, due to a mere impulse from strength of passions; in the other, an *insane* impulse due to disease. What can be clearer than the recognized views upon this subject? Ignorance as to what is the doctrine can alone account for the mist that seems to hang around it and hide it from the eyes of would-be experts.

But these same authorities give certain cases as examples of what they term "*mania transitorius*." Let us see if a consideration of them will not set the subject at rest.

Maudsly gives a case of a shoemaker who came into the house and asked his wife if "supper was ready?" She suddenly struck him a fatal blow with a knife. She had been excited, and was of an insane family.

The same reports another case: A man suddenly awoke one morning, breathing heavily. His wife endeavored to assist him. He attacked her with fury and tried to kill her. This was probably a case of *somnolentia*.

Esquirol: A man of good character entered the Palace of Justice

and sprang upon an advocate, whom he had never before seen, and endeavored to kill him. When arrested, he said "he could not tell why he did it; was not conscious of feeling ill." He had no motive for the act.

Ray: "A woman, ten days after confinement, suddenly seized with the desire to strangle her child."

Tucke: A woman who cut off the head of her child with a razor. No motive again. A woman suddenly struck a child dead to whom she was much attached. No motive; no design; deplored the homicidal propensity.

Again, a woman killed another for the purpose of having herself hung for it. Here there was motive and design, but irrational ones.

Taylor gives a case as illustrative of what kind of cases are sometimes presented as insanity.

Victor Townsley—His affianced wrote him a note breaking off their engagement. He, by appointment, met her, and she was found covered with wounds, from which she died. He did not deny, or attempt to escape; said he was maddened by her refusal. His defense was insanity.

Taylor says: "Tested by the rules, it showed *intention, will, malice*. Irresistible impulse was a mere assumption. If this is insanity, what is crime? One medical defender suggested that the duration of the homicidal impulse was short, commencing at the act and ending with it. Upon these principles, any murder might be taken as the result of impulsive insanity, and that all murderers, while stabbing their victims, were morally insane!"

Are not all the above cases, which these authorities bring forward as examples of "impulsive insanity" such as would be pronounced insane by any one?

Is there any difficulty in deciding? Even those where motives were apparent, these were so irrational that no one would hesitate to say that it added strength to the supposition of insanity.

When we come to the last case, that of Victor Townsley, it, in the essential points, finds a parallel in many of the so-called "impulsive insanity" cases that the legal gentlemen pick upon as sweet morsels, as "god-sends" to save their client. As it was in the days of Taylor, so now. The mere impulse of excited passion, or of phrensy, in a sane man, is sought to be confounded with *insane* phrensy, but all authorities, as we have seen, make no such confusion. The line is sharp and clear that divides them.

We come, then, to the following conclusions:

1st. That, in a suspected case of "impulsive insanity," we cannot

judge as to sanity or insanity from either the moral or physical condition of the person at the time of the act, because a state of phrensy, where there is a loss of control, and even of consciousness, may result from excessive emotion in a healthy and consequently sane individual.

2d. That the concomitants of the act, such as whether there are motives, either rational or irrational, or whether the act committed was from a blind, "motiveless" impulse, with or without consciousness, may often guide us as to an opinion as to sanity or insanity.

3d. That in a large majority of cases, "prodromata" are found associated with the conditions, together, perhaps, with a previous history showing hereditary tendency.

4th. That, in every case where there are *rational motives*, with no hereditary tendency evident, no "prodromata," and where the patient *after* the act, is *sane*, we are debarred from pronouncing him as having been insane *during* the act. We must hold the act as *criminal*, and the individual as responsible.

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## CLINICS.

BEFORE THE CLASS OF THE INDIANA MEDICAL COLLEGE.

Reported by J. T. McShane.

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## SYPHILIS.

By Prof. COMINGOR.

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GENTLEMEN: You have learned, during the interrogations of this patient, that he has constitutional syphilis. This patient is 30 years old, and has been afflicted four years. In my lecture on syphilis, I told you there were two distinct varieties—constitutional and local, and that in the local variety mercurial agents were never indicated, and the chancre manifests itself in three or four days. Whereas, the constitutional variety appears in from one to three weeks. In the constitutional variety mercurial agents constitute the principal treatment. The first manifestation may be in the groin, in the form of bubo. The chancre is hard at its base. In local syphilis the chancre is soft, and results in suppuration, and the bubo usually results in abscess. In this patient the disease has gone beyond the primary stage, and has arrived at the secondary and tertiary stages.

The bones, however, have not become affected. There is no distinct line of demarcation between the secondary and tertiary stages. Alopecia is present in this case, also eruptions upon the forehead and tubercles on the neck and head.

Taking all things into consideration, of all experience of the past, we have assurance that mercury, introduced into the system, is followed by gradual abatement of the symptoms. Whether its influence is antidotal, or whether it exerts an influence upon the tissues, which is incompatible with the presence of syphilis, is a question which remains to be solved.

Mercury, although a powerful agent in this disease, may be persisted in to the extent that it will damage, rather than benefit, the patient. If it has not been used in first and second stages, it will be more efficient in the third stage. There is a remedy which is not useful in the first and second stages, that is in the third. I have reference to iodide of potassium. It is especially useful when given in large doses, in relieving nocturnal pains, and it is astonishing how rapidly syphilitic nodes disappear under its use.

The best and most efficient manner of administering mercury is, I think, by fumigation. Sometimes it is necessary to suspend its use for a time, and to give the patient tonics.

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## VARICOSE VEINS.

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**By Prof. COMINGOR.**

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GENTLEMEN: This man, Walter Hoffman, has been kind enough to come before us to-day, that we might have an opportunity to observe the condition of the veins of his legs. He is 31 years old, and says he has worked hard all his life. When he was 17 years old his right leg was broken. The union was so crooked that it was found necessary to break it over and set it right. This operation was done three months after the injury. Soon after this he noticed the veins of his legs becoming unduly prominent. You remember the course of the internal saphenous vein, and here, all along its course, are numerous large veins. They are very tortuous, and extend entirely around the limb. When I take hold of them they feel like moveable lumps under the skin.

Now the practical point is to determine whether this condition may be benefitted or not, and to do this it will be necessary to take into consideration the pathological condition. Veins, as you know, have valves, and the internal saphenous has five or six in its course.



But in this condition they have become useless and if we could examine the veins in this instance, we would probably find no trace of them, owing to atrophy and absorption.

Varicose veins do not usually occur so early in life as they have in this instance, but it may be that the injury gave rise to them. We more frequently see it in debilitated persons and at middle age.

This patient's health is good, and he says he can work as much as ever. The deep veins are liable to become affected in this way, owing to the pressure of the surrounding tissues.

To treat these cases successfully, early attention should be given. As soon as we see the vessels becoming abnormally prominent, artificial support should be made. This is accomplished by means of the bandage, or what is better, the elastic stocking. Where the patient's circumstances will admit of it, he should be placed in the supine posture, with the limb elevated. Irritable ulcers are apt to occur, and when they do exist, you will find it impossible to cure them until the varicose which causes them is cured. If the patient's constitution is broken down, he will be benefitted by the preparations of iron, and the tincture of the chloride is the very best. Sometimes this, with hygienic treatment, gives tone to the debilitated vessels, and thus, to a considerable extent, relieves the disease.

The next method of treatment is the radical cure, and in this case it is a question whether it would be best to operate or not. I think, as he is not materially disabled, and as there are no complications of ulcers, it is not advisable to perform an operation. The object of the operation is to occlude the vessel at the upper part, and in this way take off the pressure of the column of blood, which is unsupported by valves. You can readily understand how this would tend to dilate the vessels by constant pressure.

The first operation was devised, I believe, by Edmond Holmes. His method was to cut down upon the vessel and ligate. This was judiciously abandoned, owing to the frequent occurrence of phlebitis, and consequent fatality.

Another method, and one recommended by Prof. Gross, is the caustic issue. It is done by destroying the skin and cellular tissue with caustic potassa and quick-lime, or substances of that nature.

There is still another method, which was devised by Velpeau, and this is probably the best. His method consists in passing a pin subcutaneously under the vessel, and then passing a strong thread around the ends of the needle in the form of the figure 8. This arrests circulation, and excites inflammation, and permanent occlu-

sion is effected. After three or four days, the needle is removed, and the bandage or elastic stocking applied.

## GLEANINGS FROM FOREIGN JOURNALS.

Translated by GUIDO BELL, M. D., of Indianapolis.

**CARBONATE OF LITHION IN RHEUMATISM.**—After colchicum, tartar emetic, and tincture of iodine had proven failures, Prof. Falk gave successfully the carbonate of lithion in one and a half and three grain doses, in powder, every two hours. Three favorable cases are mentioned.—*Deutsche Klinik. Pr. T. S. er.*

Iodine, successfully given in cases of vomiting in consequence of strong purgatives—thirty drops, with a solution of eight ounces of water and gum tragacanth, a tablespoonful hourly. It is said to be good also in pains of the stomach.—*Ibidem.*

It was formerly recommended by Rademacher, also, in vomiting of pregnant women.

Spirits of turpentine is successfully employed as antidote of phosphorus by Dr. Personne, after Letheby.—*L'Union.*

**THE EFFECT OF URINE ON THE TISSUE, BY SIMON, OF HEIDELBERG.**—Acid urine in wounds, or injected below the skin, is as harmless as water, but every quantity of ammoniacally decomposed urine produces sepsis. In cases of acid urine, with gangrene that was caused by pressure [decubitus], A. Mentzel made the same experiments, and stated the above. He failed by injection of acid urine below the skin of a dog with excessive force, in producing gangrene. The large quantity of urine was absorbed within a few days without any bad effect. Only after the urethra had been destroyed he saw gangrene occurring.—*Wiener Med. Wochensch.*

According to Prof. Hanover, of Copenhagen, the result of exsections of joints is discouraging. The operations were performed in 1864, during the German-Danish war. Twelve soldiers with exsected arm joints were alive in 1868 and 1869; two of them have some active mobility. Forearm and hand are tolerably useful. The ten others have no active mobility; four with ankylosis, six with a

shaking joint. Forearm and hand are more or less useless in nine cases. There are fistula in three cases. Out of sixteen cases with exsected elbow-joint [partly or totally], only one had use of his arm, it was ankylosed. Another case is tolerably well. The fourteen others have shaking joints; the hand is useless in seven cases. Many other troubles are noted. One case of exsected knee-joint shows a shortening of five inches, and great weakness of the limb.—*Med. Clin. Rend.*

On the contrary, Prof. Langenbeck, of Berlin, mentions three favorable cases of exsection of the shoulder-joint, and seven of the elbow-joint, performed in the Bohemian war. He says the exsection of head in the hip-joint, performed after certain anatomical rules, is so little an offense that it will be regarded in future wars the highest. In opposition to Larry, Guthrie, Esmarch, Stromeyer, Andrews and Woodworth, he favors the conservative surgery, even for gun-shot wounds in the knee-joint. Out of 18 cases, 14 have recovered.—*Allg. Med. C—, Ztg.*, 1870.

ENTEROTOMY RECOMMENDED IN ILEUS.—Dr. Frantzel performed it with complete restoration of the abdominal functions. The place of obstruction cannot be investigated except in rare cases. The intestine is to be opened where the tympanitic sound is heard; if possible, in the region of the cæcal valve, parallel with Poupart's ligament. The intestine and abdominal wall must be tightly sewed together before the incision. F. advises against fluid mercury, and mentions a case where rupture of the bowels was hastened by that treatment. The post mortem section proved that enterotomy would probably have been successful.—*Med. Chir. Rundschau.*

Another article on this subject is published in the *Memorabilien*.

Maunoir, Maisonneuve, Nelaton and Tungal favor the operation. The latter publishes a successful case. Out of 33 other cases, 16 successful ones are reported. The operator intends, by emptying the bowels, to gain time for natural healing, or at least for establishing a preternatural anus. Therefore a diagnosis of the specific character of the obstruction is not required.—*Virchow Jahrbuch.*

A NEW METHOD OF REDUCTION OF SHOULDER-LUXATIONS BY DR. KOCHER.—After mentioning the methods of elevation, of rotation, Gordon's, Bichat's and Cooper's, K. refers his experiments on corpses and three successful cases of the following treatment. The arm is easily turned outward, then raised in the sagittal direction to the horizontal. If the arm is turned inwards, the head of the arm bone

slips undoubtedly in through the relaxed capsule. This method is recommendable in all cases where the dislocation is not much, and no fracture in the joint.—*Berlin Klin. Wochensch.*

EXPERIMENTS WITH CAMPHOR, BY J. BAUM.—Camphor is an energetic antipyretic, but of no lasting effect, even large doses not causing fits—the leading symptom of poisoning—nor other toxical phenomena; reduce apparently the temperature of rabbits, dogs, etc., in a healthy state, and in general easier in fever after dejections of putrid fluids. Even the general health of feverish animals is ameliorated. That is not affected by diminishing the power of the heart. On the contrary, the heart shows, after medium doses, a stronger and more lasting action.

Camphor lowers in strong but not poisonous doses, the reflective irritability of the skin of frogs, and induces depression or paralysis in the motor apparatus. The convulsions of warm-blooded animals are not seen in frogs. In cases of slight poisoning, the restoration was quick and complete. Camphor was administered hypodermically for warm-blooded, in oily solution, effecting a rapid resorption. Distilled water was found to solve more of the drug than is ordinarily believed. Prof. Binz and Leharrenbroich have repeated the experiments and proved a paralyzing effect on the ameboid motion of the white blood corpuscles of the man, but less than that of quinine.—*Centrale d. Med. Wissensch.*

Dr. Uterhardt recommends hypodermic injections of morphine before using chloroform. He uses half a grain in cases of drunkards, one sixth of a grain for ordinary use in excitement. It is advisable to begin the chloroforming only after ten minutes. The idea is not a new one, but its employment is improved.—*Deutsche Klinik.*

# HOSPITAL REPORTS.

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## REPORT OF TWO CASES OF STILL-BORN CHILDREN.

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By E. HADLEY, M. D., Physician of Indianapolis City Hospital.

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CASE I.—A German woman, aged 20, was admitted to City Hospital September 3, 1870, to await confinement. Presents a pale, sallow appearance, but rather strong build. Has had irregular, harassing pains—referred to back and womb—for nearly three days. These continued increasing until 10 o'clock at night of September 3d, when the os-uteri was found, by examination, sufficiently dilated to admit the finger. Sept. 4, 9 o'clock P. M., found the os completely dilated. Pains constant and annoying, but very feeble. Outlets of pelvis roomy, above average. At 10 o'clock P. M., gave two-thirds of a drachm of fl. ext. ergot. Effect of medicine barely noticeable in twenty minutes. At 11 o'clock, there having been no progress, administered ergotine, mv (diluted to mxv,) hypodermically on inner side of thigh. A short, but decided, contraction of uterus occurred in eight minutes. At 1 o'clock A. M., pains regular, but progress very slow; gave another drachm of fl. ext. ergot. Effect not perceptible. Heard the foetal heart sound, by auscultation, plainly, two inches below and two to the left of the umbilicus. Vortex presentation. Left anterior occipito-iliac position. Ruptured membranes. Child continues descending gradually; rested against perineum half an hour. Delivered Sept. 5, at 8 o'clock, dead. Weight 8 pounds. Measurements of head as follows: circumference at upper border of ears, 12 inches; from front between eyes, to atlas, 10 inches; from concha to concha of ears,  $9\frac{1}{2}$  inches. Bones of head overlapping more than usual. Occipital bone pressed one-third of an inch beneath general surface. The head retains almost any shape into which it is compressed. Child seems unusually relaxed and flabby.

CASE II.—A pregnant female, aged 19, Ohio, was admitted to Hospital September 24, 1870, to await confinement. Medium height, and of very strong muscular development. On morning of Dec. 9, commenced distressing pains about the back, which lasted all day, increasing in severity. Examined at 5 o'clock P. M., and found the os-uteri dilated sufficiently to admit end of finger. Gave one grain



of opium to relieve pain and favor progress. At 7 p. m. the opium had given a little relief. Os about the same. Auscultation found foetal heart sounds an inch below and to the left of umbilicus, beating 128 per minute. Outlet of pelvis roomy as average, but not so large as in case No. 1. The parts are more muscular, and there is greater abundance of tissue. At 11 o'clock p. m., the os being unchanged, gave three grains hydrate of chloral, hoping to give rest, or to relax, or both; but the medicine was vomited. Dec. 10, 1 o'clock a. m., os nearly completely dilated. Pains regular but inefficient. Gave  $\mathfrak{z}$ i. fl. ext. ergot, but with no appreciable effect whatever. Commencing descent at 4 o'clock; was so slow that another drachm fl. ext. ergot was given. No response. Character of pains as from the first; great distress; huge expulsive efforts on part of patient, but child scarcely moved. At 5 o'clock a. m., gave  $\mathfrak{z}$ ii. ergot, but without effect again. From 7 to 8 o'clock a. m., the head rested within two inches of perineum. Foetal heart sounds heard just above pubes, and to the center, beating 105 times a minute. The head expelled at 9 o'clock, with cord once around neck, feebly beating. Child makes a convulsive movement. By a forced expulsive effort on the part of the mother, and counter pressure on her abdomen by an attendant, the child is quickly expelled. The cord still around the neck—now tight. For a moment pulsation ceases, but commences feebly again, as cord is slipped over head. The impulse of heart plainly seen. The child does not breathe. The pulsation of cord now stops. Tossing, slapping, sprinkling with warm and cold water, fail to start it breathing. Impulse of heart now stops. Hot and cold douches, and Sylvester's method prove useless. The whole child is relaxed and flabby as in child in case No. 1. Measurements as follows: Weight 10 pounds: from point between eyes to atlas,  $9\frac{1}{2}$  inches; ear to ear (conchæ) 8 inches; circumference of head around upper margin of ears,  $14\frac{1}{2}$  inches.

REMARKS.—The same fl. ext. ergot has been given before and since, to females in labor, with the ordinary effects.

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### THE HYPODERMIC USE OF ERGOTINE.

CASE I.—A female was delivered of a child June 11, 1870. After-birth being slow in coming away, from want of uterine contractions (an hour after delivery), at the request of Prof. Mears, who was present, mm.v. ergotine was injected on inner side of right thigh. In precisely six minutes the uterus contracted firmly, sending away the placenta.

CASE II.—September 4, 1870, a female suffering with inefficient and annoying labor-pains. Two-thirds drachm fl. ext. ergot was administered, but no effect could be perceived. One hour later, mm.v. ergotine was injected on inner side of right thigh. In eight minutes a short but decided contraction of uterus occurred. Two hours afterwards two drachms of ergot was given by the mouth, but again without effect.

CASE III. November 15, 1870, a female was delivered of a child. The placenta not having come away in half an hour, and there having been no contractions of uterus, traction on the cord was made, and the placenta partially removed. Not being able to remove it further, and no contractions procured yet, efforts were discontinued. After a few minutes the patient's face was noticed to be bloodless; her eyes closed; the pulse extremely feeble. Examining, the bed was found overflowed with blood. Immediately injected mm. v. ergotine on inner side of right thigh. Six minutes after, 3i. fl. ext. ergot was given by mouth. One minute from the last, seven minutes from the injection, a firm contraction occurred, the afterbirth easily removed, and hemorrhage at once ceased.

P. S.—The ergotine used is the officinal preparation, diluted with two parts distilled water. If diluted less, it remains unabsorbed under the skin for greater time, and can be felt as a hard ball or body.

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## EDITORIAL.

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### ENDOWED MEDICAL SCHOOLS.

We like endowments, and for several reasons. First, it enables students, who are generally very short of funds, to pursue their studies without let or hindrance, if they are so disposed. Of course, some there are who attend schools and colleges, that, with all aids offered them, will not learn, because, perhaps, from natural inability, but usually from sheer neglect and idleness. But the patient and earnest student often is prevented, by the item of financial inability, from pursuing his studies with success. He either fails to enter upon the course which would enable him to prosecute the calling he

feels best suited to his tastes and inclinations, or if he boldly commences the struggle, an obstruction is thrust before him, which, with all his energy, he cannot remove without at least wasting time in recuperating by side means.

We know adversity is often a good teacher, but it is more often a hindrance and a barrier to progress. Great men there are who have fought through them all, and seemed to rise higher by the difficulties overcome. This teaches us not to despair, but to struggle and push aside, or to be elastic, and leap over the obstructions, and not turn despondingly back. But who can say how much faster these same shining examples would have progressed if no such difficulties had been encountered? Upon the other hand, very many examples, as plainly marked as those referred to are known to us all, where the obstructions, overcome by one, and out of which experience the man was more and more developed, was fatal to another, who could boast of as great natural abilities as the former, but who either lacked the resolution, or was surrounded by different circumstances, became discouraged, wavered and waited, and his usefulness *in that line*, at least, was lost.

We presume all things that happen are for the best, but we must work as common sense or large experience dictates, and leave the issue with a far-seeing Providence.

We believe, then, the more aid the worthy and industrious have the better. The unworthy and idle will profit by nothing.

The second reason might, at first glance, be thought a selfish one. Let us see. Schools must have teachers. Teachers must and should be paid. They must be, unless they can live by other means than the profits of teaching. They should be, whether they can or not. "The laborer is worthy of his hire."

Again, greater facilities are at the command of teachers if their pay is sufficient and certain, and more time can be spent at such labors. We do not say these are always the actual facts in the case; for with affluence often comes carelessness, and ease is sought where labor was meant to be facilitated. But if this happen, there is a remedy in the selection of *working men*.

The only objection we can find to endowed medical schools and colleges is not in the plan itself, but in the manner in which they are managed. A medical school, for instance, is endowed, a faculty elected whose duty it is to teach, and over them are placed an outside board of trustees, who exercise control over all matters pertaining to the school. If a vacancy occurs, the trustees fill it. If a professor does

not in all respects please the board, they remove him "nolens volens," as far as his associations are concerned, etc.

Now this is radically wrong, and it is of this we complain. Who does the work? The teachers. Should they not then be permitted to select their own associates, so that harmony of action can be gained?

There were ancient and wise rules against incongruity in associations. The Jews, we believe, were not permitted to yoke an ox and an ass together, but we need not seek instruction in such analogies. Actual experience teaches any one who is a grade removed from an imbecile, that incongruity is one of the greatest sources of impairment of usefulness.

It is then evident, we think, that not only the minor points as to the arrangement of studies, etc., etc., should be under the control of the corps of teachers; but, above all, the *filling of vacancies* and selection of their successors, even if they only have the power of nomination, with the tacit understanding that a nomination amounts to an election.

Where the exceptions named are retained in view and acted upon, our voice is for endowed schools. Where it is lost sight of, we object to them in toto, "for it would be better not to have been than to perish by our own hands," and to perish or be dwarfed—which is equally as bad—would be the inevitable result to be looked for in a school with an "olla podrida" of teachers.

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## REVIEWS.

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The December number of the *American Naturalist* comes to us filled with valuable matter, and that which is of interest to the scientific. Its table of contents is as follows: The Flora of the Prairies, by J. A. Allen; Distribution of the Marine Shells of Florida; The Borers of certain Shade Trees; Springtime on the Zukon; The Impregnation of Eggs in Trout Breeding; Reviews; Natural History; Miscellany; Zoology; Geology; Microscopy; Anthropology; Proceedings of the American Association for the Advancement of Science.

The fifth volume commences with March 1, 1871. Subscription

price, \$4.00 in advance. The publishers make a liberal offer of the January and February numbers, *free to all* who will send the subscription price before February 1st.

In their note to subscribers they utter a warning and a truth in regard to delinquents, and seem to be in the same condition as ourselves, and, indeed, many others, if the truth was known. "For want of capital we are forced to state that we cannot wait for the money in the future, and that the magazine will be much better off with a smaller number of subscribers paying in advance, than with our present number and a larger part of the subscriptions unpaid, and the remainder coming in at uncertain periods." Why cannot all subscribers and supporters of literature and science see this without being so often reminded of it.

Those wishing to take this valuable magazine can obtain it by addressing "*American Naturalist*," Salem, Mass., *with the money enclosed*.

THE PHARMACIST AND CHEMICAL RECORD, a Monthly Journal devoted to Pharmacy, Chemistry, and collateral Sciences.

This periodical is published by the Chicago College of Pharmacy, by N. Geo. Bartlett and Albert E. Ebert, at the subscription price of \$1.00 per annum. We hope to see both the school and the Journal succeed. There cannot be too many of either. The good ones are needed; the poor will die out.

PHOTOGRAPHIC REVIEW OF MEDICINE AND SURGERY. A Bi-Monthly illustration of interesting cases, accompanied by notes.

This is something new and in the right direction. The contents of the first number are, Multilocular Hydatid Tumors, by S. D. Gray, M. D.; Meningocele, by D. Hayes Agnew, M. D.; Horny Tumors, by W. H. Pancoast, M. D.; Pelvic Tumors, by F. F. Murry, M. D., each illustrated by a splendid photograph. It is edited by F. F. Murry, M. D., and L. A. Duhring, M. D. Price \$6.00 per annum.

We have received the prospectus of the *American Journal of Microscopy*, published at Chicago, which professes to be a medium for the "direct and ample diffusion of knowledge of the hidden or unseen wonders of God's minute creation." We recognize the value of such a medium, and hope to be favored with a copy, when we may be better able to judge of its merits.



## MISCELLANEOUS.

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NEW YORK STATE INEBRIATE ASYLUM.—The following announcement is respectfully submitted to the consideration of the medical profession, and to the public in general:

It is believed that the experience of the past five years has demonstrated not only the utility, but the necessity of the institution known as the New York State Inebriate Asylum. We speak advisedly when we affirm that at no time has its prospects for usefulness been more promising, or has it been in so good a condition, so far as the treatment of patients is concerned, as it is now. We have sought to make it what it was originally intended to be, a reformatory christian home.

There are very many persons in our State, and throughout the country, the victims of a terrible mania for drink, who need the salutary treatment which this Institution affords, and who, without such aid, must in all human probability perish. We, therefore, disclaiming every object except an earnest desire to aid in restoring to their friends and to society a class of men fallen indeed, but not beyond recovery, would earnestly commend this Institution as an efficient means for securing an end so important and inestimable.

We deem it proper to state that ample means are provided to meet the physieal, intellectual and religious wants of the patients. The Asylum occupies a remarkably healthful and beautiful site. It is furnished with baths, and a great variety of amusements; with a good library and reading room, which is supplied with the leading daily newspapers and the American and British magazines.

The rules of the Institution require *regularity* in regard to meals—the hours of retiring and rising—and the attendance on the religious exercises of the establishment.

The Asylum has been placed under the charge of Dr. Daniel G. Dodge, a man of superior administrative qualifications, and towards whom there is but one sentiment prevailing with the officers of the Institution and among the patients, that of profound respect for him as a christian gentleman, and confidence in him as a skillful physician.

WILLARD PARKER, M. D., New York,

*President Board Trustees.*

REV. SAMUEL W. BUSH, *Register.*

BINGHAMPTON, N. Y., Oct. 1, 1870.

"TOM THUMB TAPE WORM."—By C. A. Estabrook, M. D., Hillsboro, Indiana.

PROF. SCUDDER: I notice from time to time, that some one reports the capture of a tapeworm in the *Journal*. I will send you the report of my success in that line, which you may publish if you think it worth a notice.

May, 1868.—Nettie M., aged ten years, had been afflicted with *tænia* for about two or three years. In the fall of 1867 was treated for the worm with cocoa nut, which brought away sixteen feet of *tænia solium*. At the above date the mother sent me a letter requesting me to come and operate for the worm. I responded to the summons.

*Operation*.—Dieted the child for thirty-six hours. Then gave the following: pulv. kousso, 3 iij.; aqua, 3 iv. Waited six hours, then gave oleum ricini, 3 ij. In six hours brought away thirty-eight feet of *tænia solium*; after which the child convalesced rapidly.

Again, in June, 1869, I was informed that the child was again afflicted with the worm, and was requested to come and operate for it. I responded, and repeated the above prescription, with this change: one hour before giving the kousso, I gave a small dose of opium to prevent the cathartic tendency of the kousso. In nine hours I brought away forty-two feet of *tænia lata*. Since which I have heard of no more trouble from the worm.

*Question*.—Were both of those worms existing in the bowels of the child at the same time? If so, why the term "*tænia solium*?"

At some future time I have another case to report of still more interest, if you think this report worthy of consideration.—*Eclectic Medical Journal*.

EXPLOSIVE PRESCRIPTION.—*Oxide of Silver*.—R. Argenti ox. gr. iss. ext. nuc. vom., gr.  $\frac{1}{6}$ ; morph. mur., gr. 1-32. M. G. B. H., of Chertsey, states that, having prepared pills of this formula with confection of roses, or with extract of gentian, the pills in a short time exploded with evolution of considerable heat. Permanganate of potash will sometimes act similarly. (*Pharm. Journ.*, Aug. 1868.) An analogous case lately occurred to Dr. Jackson, of Nottingham, and excited some interest at the time. The following prescription was made up: R. Arg. ox. gr. xlviij; morph. mur. gr. i; ext. gent. q. s. M. Ft. pil. xxiv. The lady who received the pills, which were silvered, put the pill-box into her bosom. In three-quarters of an hour a severe explosion took place; her clothes were burnt, her right breast severely scorched, and smoke issued freely from beneath her dress. A trou-

blesome burn on the breast remained for treatment. (*Pharm. Jour.*, March, 1870.) It has long been known that pills made of oxide of silver and creosote (or carbolic acid, Boettger) are liable to become very hot, or even to inflame, and a dispenser has been astonished by seeing the lid of a box which contained such pills suddenly blown off, and the pills sent rolling over the counter.

*Chlorate of Potassa.*—The following prescription gave rise to a violent explosion on being made up by trituration in a rough Wedgewood mortar: R. Pot. chlor., oz. iss.; ac. tannici, 3 iss.; olei gaultheriæ gtt. xx. M. (*Pharm. Jour.*, Oct., 1870.) Again, a mixture of chlorate of potassa and catechu, prescribed as a dentrifice, occasioned a violent explosion in the mortar in which it was rubbed. Erhard's explosive powder for shells is composed of equal proportions of tannin and chlorate of potassa. (*Rev. de Thér. Méd. Chir.*, No. 2, 1870.) Lastly, a "pharmacien" received the following prescription to dispense, viz.: Pot. chlor., 8; hypophosph. of sodium 4; syrup, 62; water 125 parts. In order to expedite matters he vigorously triturated the salts in a mortar, and the result naturally was that he received some wounds on the body, while the pestle was thrown to a distance. The two salts should, of course, have been dissolved separately. (*Jour. de Ph. et de Ch.*, Nov., 1869.) These and similar reactions depend on the facility with which oxide of silver and chlorate of potassa part with their oxygen to organic matter, and the consequent elevation of temperature due to the rapid decomposition of the salt.—*Dublin Quar. Jour. Med. Science.*

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A NEW AND MOST USEFUL EYE SALVE IN "GRANULAR LIDS," AND ALL CASES OF CHRONIC OPHTHALMIA.—By John Williams, Physician and Surgeon. After long experience, I can speak most confidently of this ointment, for the composition of which I now publish the following formula: R. Arsenici Sulphureti, 2 gr.; Unguenti Citrini, 2 5; Axungię Preparat, 6 5. M. Bene. In cases of "granular lids," accompanied with most inveterate "pannus," and in almost all cases of chronic ophthalmia, in which the conjunctiva has become almost cuticular, I have found this ointment particularly useful. Ophthalmia is well known to be very prevalent in the city and county of Cork, so that I had very many opportunities of proving the efficacy of this ointment. The upper eye-lids should be everted in cases of "granular lids," and about the size of a hemp seed of this ointment should be applied with a camel-hair pencil, which must be introduced into the superior palpebral sinus, to the diseased conjunctiva. In sug-

gesting this local remedy I am not unmindful of *general* treatment, without which *any* local remedies are almost useless.—*Dublin Quar. Jour. Med. Science.*

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THE EFFECTS OF ARSENIC IN PHTHISIS.—The effects of arsenic in the treatment of phthisis have already been investigated by Dr. Cersoy, of Langres, and Dr. Isnard has lately contributed some of his experience on this subject in memoirs published in recent years. Dr. Isnard now gives a summary of his views in reference to the local and general action of the drug. He states, in the first place, that when arsenic is employed in phthisis, the febrile disturbance, when it exists, is weakened and suspended, while the nocturnal sweats, the general excitement and the sleeplessness are also diminished. As the fever abates, the digestive function is improved, and the diarrhœ or constipation or vomiting disappears; in short, a general improvement becomes perceptible. As the constitution improves, the local lesions and the lung itself undergo a beneficial change, and the cavities in the lung are cicatrized. This result is proved, according to Dr. Isnard, by the relief of the cough, the diminution of the secretion of the bronchial tubes and of the pyogenic membrane of the cavities, by the substitution of mucous for purulent sputa, and of dry for humid ronchi. The general conclusion drawn by Dr. Isnard as to the action of arsenic in phthisis is, that by its local and general action, at once curative and preventive, it influences at once the capillary system and the different tissues, affecting both the lungs and the whole economy. It does not attack the tubercle directly and specifically, like a parasiticide, but directs its action to the elements and tissues which remain actually or relatively healthy.—*Half-Yearly Abstract of Medical Sciences.*

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CINCHO-QUININE.—It is proposed to employ in medicine a preparation containing all the alkaloids of the cinchona barks, instead of the barks themselves, or any one of the alkaloids separately. Cincho-quinine contains quinia, cinchona, quinidia, cinchonidia, and other alkaloidal principles which have not been directly isolated, and the precise nature of which is not well understood. In the paper referred to, cincho-quinine is said to be preferable to sulphate of quinine, inasmuch as it does not produce cerebral distress as the latter sometimes does, and it does not oppress the stomach or create nausea. It has also the advantage of being nearly tasteless, the bitter being very slight, and it is less costly than the sulphate of quinine.

T H E

# INDIANA JOURNAL OF MEDICINE.

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## ORIGINAL COMMUNICATIONS.

### HYDRATE OF CHLORAL.

By G. V. WOOLEN, M. D., Indianapolis.

Nov. 10, 1870, at 2 o'clock P. M. Was called to see Mrs. Q. F., aged 27, in her third confinement. She had been taken in labor the night before, but had not had severe pains until about eleven o'clock A. M., when they became quite severe, and soon she had a light convulsion. When I arrived she had had three, and each was more severe than the preceding. Had one immediately after I arrived, which had been preceded by a wild hysterical excitement, and very imperfect labor pains. I hastily dispatched a messenger for the following:

- R. Hydrate Chloral..... ʒss.  
Syr. Tolu..... ʒss.  
Aqua Cinnamon... ..... ʒis.
- M. Sig. A teaspoonful every half hour.

Before I had secured the remedy, she had another convulsion of the same character of the former, during which she bit her tongue considerably. Very soon after the administration of the chloral the pains became regular and vigorous, and would continue so when she was under its influence, but when discontinued seemed to relapse into the same condition as formerly, with every prospect of the return of the convulsions.

During this time I learned that both her other deliveries had been secured by sacrificing the child's life—the first time by craniotomy,



in the practice of four regular physicians, and the second by removal of child piecemeal, in the practice of three of the leading "eclectic physicians" of this city, and that she had had convulsions at both labors. On my first examination I had not given very particular attention to the capacity of the pelvis, and had assured the friends that the case would terminate favorably, as the os-uteri was dilating and soft parts in good condition, vertex presentation, occiput to the left acetabulum. After getting the history, together with the statement that all the physicians who had seen her said she never could be delivered of a live child, and with wonder expressed at my opinion, confess I felt that my future was not so certain, and I soon sought an opportunity to ascertain more definitely what hindrances existed to a successful delivery. The examination revealed a considerable contraction of the antero-posterior diameter, occasioned by the promontory of the sacrum projecting forward abnormally; also, an undue prominence of the rudimentary upper transverse processes of the sacrum, so as to form a shelf, as it were, at the entrance of the superior strait. I decided that I had an anterior-posterior diameter of about two and a half inches, and trusting to a proper adaptation of the transverse diameter of the child's head, I hoped I might secure a delivery. Finding such admirable effects from the chloral in producing regular, vigorous pains, I gave my entire attention to the descent and rotations of the head, which I found I could control quite well by locking both hands together by the last three fingers of each hand, and using the index fingers as blades of forceps. I finally succeeded in getting the head off of the shelf described, and to engage in the superior strait of the pelvis, with the transverse diameter of the head to correspond with the antero-posterior diameter of the pelvis. But here the labor became tedious, occupying the most of the night, and possibly might have been accelerated by forceps. But the mention of instruments was so horrifying to the patient in view of the past, that I was persuaded to wait. Especially, feeling I was giving very considerable help by my locked hands used as forceps somewhat, and as the chloral gave refreshing sleep between pains, which returned so regularly and vigorously, Finally I was rewarded by the occiput rotating forward to engage under the pubic arch, and after this was accomplished, all went on satisfactorily, so far as the head was concerned. But when the shoulders became engaged there was a very strong tendency to engage with the transverse diameter to the antero-posterior diameter of pelvis, due, as I thought, to the filling up of the usual hollow of the sacrum along side of the promontory, by the prominent transverse processes.

However, by some effort at rotation with the head, but principally by external pressure and manipulation, I succeeded in getting it to engage with the short diameter corresponding, and effect a delivery, but not until such congestion of the head had occurred that I felt the child must be dead, which, however, was resuscitated with some effort. The labor terminated without further trouble at 8 o'clock A. M., Nov. 11th, 18 hours after I had been called, and more than 24 hours after labor began. The patient seemed conscious, but says subsequently she knew nothing of it. Being considerably exhausted, some relaxation occurred and clots formed, and I was recalled three hours afterward, and found her suffering with considerable after-pains, with an appearance of a return of convulsions. I at once gave her a full dose of the chloral, and provoked a firm contraction of the uterus, expelling the clots and giving her relief.

The child weighed eight pounds, and was quite vigorous. Its head was fearfully out of shape, due, of course, to the moulding in the pelvis.

Remarks may be unnecessary, but it is claimed that chloral is valuable in obstetrical practice, and so far as the history of this case goes it is confirmatory. The patient took 30 grains every two or three hours, and was so fully under its influence toward the last as not to know when the child was born. It was quite remarkable what control it had over the pains; subduing all irregular contraction and nervous disturbances, and securing as regular pains as ever ergot has done for me, and at the same time producing quiet, and frequently quite sound sleep in the intervals. Whenever its influence ceased, the marked appearances of convulsions returned. I may state that the convulsions were of a decidedly hysterical character, although her arms were tattooed with scars from venesection performed at previous deliveries.

I may say that in one instance since when I sought the assistance of chloral, I was not disappointed in finding it a certain remedy to control irregular uterine action, and secure regular contraction with ease and comfort in the interval. I have found it most acceptable in the above prescription, diluted at time of administration.

May I ask, in conclusion, if this case is not another proof that too many children have been sacrificed in the past by the display of skill in the use of instruments?

## MULTILOCULAR OVARIAN TUMOR.

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Read before the Northeastern Indiana Med. Society, by DR. LATTA, of Goshen.

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Amanda Mishler, of German extraction, dark hair, eyes and skin, and very small in size.

Three years ago she observed an enlargement of the abdomen, which increased so rapidly that tapping became necessary in four or five months, when about two gallons of greyish albuminous fluid was drawn off. The tapping was twice repeated during the same year, and as the case was clearly made out to be an ovarian tumor of the multilocular variety, and as the surroundings seemed favorable, she was advised to submit to an operation. This she declined to do, and sought other means of cure. As these entirely failed, she finally became anxious to have the tumor out, and it was removed on the 24th of November last.

The operation was performed in the presence of, and with the assistance of my partner, Dr. C. C. Spaiklin, and Drs. Harding, McAllister and Tonns, of this city, and in the following manner: The patient was first given about the fourth of a grain of morphia in a large tablespoonful of paregoric. Half an hour afterward she was brought very gradually under the influence of chloroform. The largest cyst, (containing five or six gallons of dark, slippery fluid,) was first emptied with the trocar and the wound gradually enlarged to the extent of eight or nine inches. The different cysts were opened in succession, and their contents squeezed out. The entire sac finally came out, and the pedicle, which was long and thin, was then tied and cut off. At the beginning of the operation, several extensive and very fine adhesions were encountered and cut or torn through. A portion of the omentum as broad as three fingers, was found so firmly attached to the tumor that it was decided to cut it away. Bleeding from various points was quite profuse at first, but was entirely controlled in the course of fifteen or twenty minutes, by pressure made with soft sponges. Iron wire was used to close the wound, and the stitches were put in within an inch of each other, and the last one through the pedicle, the end of which was left sticking out of the wound. No dressing was applied; but a bridge to keep off the weight of the bedclothes was provided. There was slight vomiting after the patient had been put in bed, but reaction was quite complete within an hour. The girl was left one grain pills of opium, one to be taken every three hours unless she slept; and if

pain came on the pills were to be increased in number. For the next forty-eight hours no change was apparant; the pulse 110; skin cool; urine free. (The nurse had been instructed how to use the catheter and the water was drawn off as often as every five or six hours, contributing much to her comfort, and I have no doubt to her ultimate well-doing.) Appetite poor with slight sickness of the stomach at intervals. On the third morning the pulse had risen to one hundred and twenty-six; the thermometer in the axilla marked 105 degrees, and the skin had a jaundiced appearance. The sickness at the stomach had somewhat increased, but there was very little bloating of the bowels. The opium was increased to three grains once in three hours, and whisky in one and two teaspoonful doses, was given with the opium. Beef tea was given when the stomach would bear it, and when it was ejected, small quantities of warm milk to which a little whisky had been added, was injected into the bowels. This treatment was steadily continued, and in the course of the next week, all the bad symptoms had disappeared. On the tenth day a portion of the stiches were removed, the remainder on the thirteenth day, except the one through the pedicle which was taken out on the twentieth day. The bowels were moved on the twelfth day by the aid of injections, and every two or three days thereafter, by the same means. Nothing else of importance occurred, and at this date, January 3, 1871, she is entirely well, and engaged in ordinary household duties. Two days before the operation the girl weighed one hundred and twenty-five pounds. The tumor weighed sixty-one pounds and a half, thus making the young lady's own weight less than seventy-five pounds.

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## SARAH GAMP AND BETSY PRIG; OR, THE MEDICAL ASPECT OF THE MONTHLY NURSE.

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By **W. B. FLETCHER, M. D., of Indianapolis.**

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"Already the madness of Hamlet, the melancholies of the gentle Ophelia, and the blindness of King Lear, have received due attention from the medical world, and the medical knowledge of Shakspeare has been fully discussed.

It would not be inappropriate to consider the medical observations of Dickens as drawn out in his various characters; but such is not my intention in this paper, and I leave the subject to abler



pens, while I have selected simply as a type so to speak, of my subject, the renowned "Sarah" and "Betsy Prig, the best of creatures."

There is scarcely a physician but will acknowledge in the above characters, as delineated by the immortal Boz, a true portrait of the average monthly nurse of the present day. A set of garrulous, not over clean, selfish and cruel old women, who, from age, show death's refusal, and whose cruelties to helpless babies and scarcely less helpless mothers, would put the evil one to shame.

It may be thought that the time in discussing such trivial matters, might better be spent in some more scientific research. But we should remember as physicians, our success is more certain as we pay attention to the *little* matters of professional life. And better would it be for the lying-in women, if the physician would carefully observe whether the nurse has prevented the probability of peritonitis, by simple and frequent cleansing from decomposing animal matters, than if he should afterward spend his strength in the framing of theories to abate an already spreading inflammation.

The monthly nurse, so called because it has been for ages a custom to employ them for thirty days, during the lying-in period, has ever been a character, better known as subject for ridicule than respect. Like an undertaker, they are looked upon as a woful necessity. More than three hundred years ago Tansillo, in a poem called the Nurse, writes bitter satire upon the subject. Sevola, St. Marsha, Crabb, Roscoe, and others, have followed him; each in his time giving us an idea that Sarah Gamp and Betsy Prig, only come to Dickens, by another name in the same old garb; although they had been well done in prose by Sterna, and Dean Swift. But we must turn from the truthful sketches of these authors, to a consideration of the relation of the nurse to our patients and ourselves.

It will be acknowledged by all practitioners in large towns and cities, that their lying-in patients from confinement to convalescence, are more under the control of the nurse than the physician. And considering that the physician makes from two to six "after visits," the nurse has just twenty-four to twenty-six times more opportunity to do good or evil to mother and child, than the physician.

From experience most physicians will state that nurses are selected, not by physicians but by the patients, or more frequently by the patient's gossiping acquaintances; that nurses, as a rule, follow their own so-called experience or superstitions, despite the doctor's advice; that nurses seek their own rest and the best food, leaving the patient to study patience, indeed; that nurses will give medicines, and of



the most dangerous kinds, to the new-born child, despite the most solemn protest of the physician. Their salves, and plasters, and recipes for sore nipples, sore breasts, and other sores are as injurious as they are filthy.

Out of a great many observations, I have known of but one or two instances where the nurse did not neglect the personal cleanliness and comfort of the patient.

An Indian woman has one blessed advantage over the civilized sister: she brings forth her child, tears the cord, and holds it until pulsation ceases. Without further ceremony it is washed and wrapped in a blanket, untrammelled by uncomfortable and useless bandages, and its stomach not poisoned by catnip, pennyroyal or whisky, neither is its brain stupefied by opium. She works and bathes her bruised and feverish parts at will, and according to one writer, she uses snow when water cannot be obtained; and above all, on the third day she is not compelled to take a dose of castor oil. But in refined society, so-called, the good old days of grandmothers, mothers, sisters, and female friends having been banished therefrom, the "monthly nurse" is a fashionable necessity; and what does she do? First, washes and dresses the new-born babe just as it should not be dressed; often puts soap in its eyes. The eyes looking thus inflamed, she uses her experience in sore eyes, and puts breast milk in them if it can be obtained from any lactating female at hand; or uses her own saliva, which she says is "healin' life."

The child being dressed, it is noticed to snivel and cough, an effect produced mostly by the tight lacing which prevents the abdominal respiration, (for new-born children do not expand the thorax in breathing.) To obviate this trouble, the nurse calls on her experience and brews a piping tankard of hell broth from certain herbs which, in her eye, are specifics; the child by nature not being required to nurse, at once, and properly refusing to do so, is thought to be starving, and some new kind of tea is administered, and some whisky added when night comes on or the nurse sleeps, and the child restless. She must now, at all events, begin that dosing and drugging which, if it does not prove fatal, often impairs the digestive organs to an extent that renders their life one of disease and discomfort. That of giving opiates is the most objectionable medication. From the crude opium down to the diluters of Mrs. Winslow's soothing syrup, in some of the thousand forms, the nurse procures stupor for the infant and repose to herself.

The extent this drug is given is perfectly enormous, and one that should require the closest attention of the physician, the philanthropist and statesman.

I know full well that women who have no monthly nurse, frequently resort to the opiate method of making quiet babies.

With a fretful or sickly infant, the poor mother can with difficulty perform her portion of the work necessary to the maintenance of the family, and any means is eagerly sought which may relieve pain and procure rest, without any idea of the melancholy consequences to result from this practice. But nurses, as a rule, regardless of admonitions of parents or physicians, and without any justification, or the fear of God before men, keeps a narcotic in secret store for the child, in order to procure rest for themselves; instances of the kind have fallen under my observation, and I have seen the poisoned infant die in the arms of these thoughtlessly cruel people. Fearful, indeed, would be the dead-list if we could but know the numbers that die annually from the improper use of this opiate in the hands of nurses and uneducated persons. And thus Tansilla writes, over three hundred years ago:

What numbers thus, whom length of years had blest,  
Untimely fall, by early fate oppress;  
Life's cheerful day, ere yet enjoyed resigned;  
The dread abuse depopulates mankind.

We need not write a dissertation upon what a nurse should do, but we desire to suppose that if doctors were very particular in demanding that a nurse should not assume the responsibilities of the physician, and when they did so let them be forever discarded.

Doctors should advise a patient what nurse she should have, or at least, which one not to have, and not, as is frequently the case, the nurse advise the patient who to select as her physician. There are nurses who make it their calling to procure obstetric cases for physicians, and are in their pay; such do not scruple to damn the reputation of any doctor who may chance to be called in preference to their favorite.

Physicians should protect society against those ignorant, superstitious old cronies who follow nursing for a livelihood, and persons who are too old and in ill health, should never be permitted to have the responsibility of a lying-in woman or new-born infant. Physicians should encourage young, healthy, educated women to do this work; the pay is enough to attract talent, and with such a hired nurse might be a comfort instead of what Tansillo paints them:

O, past all human tolerance the curse,  
The endless torments of a hireling nurse;  
If to your children no regard were due,  
For your own peace avoid this harpy crew;  
A race rapacious, who with ceaseless strife,  
Disturbs the stream of calm domestic life.

## THE NASAL DOUCHE.

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By C. E. WRIGHT, M. D., Indianapolis.

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In the January number of this JOURNAL I find a communication detailing personal experience in the use of the nasal douche, and asking the experience of others.

I have for some time been employing the nasal douche in the treatment of nasal catarrh; and during the preceding year have used it upon patients at my office, perhaps fifteen hundred times, besides prescribing its use at home for patients residing at a distance. In but three instances of all this number have I seen any decidedly unpleasant effects from the use of this instrument. In one of these cases, *cold* water was used, and there followed all the symptoms of an acute coryza. In the other two cases I employed solutions of five and ten grains of sulphate of copper to the quart of warm water. Most violent, burning pain in the nose and eyes, a sense of constriction of the pharynx, and great dyspnœa was caused by the copper solutions; and these symptoms were followed by headache, nausea and a feeling of distension of the nasal cavity, lasting for several days.

In the other cases I have invariably employed warm water, (about 100° F.,) containing either ehloride of sodium, iodine, carbolic acid, carbonate of soda, tincture of iron, chlorate of potassa, or other medicinal agents.

For cleansing the cavity I generally employ the warm solution of chloride of sodium, carbonate of soda, or muriate of ammonia, half to an ounce each in a quart of warm water. From a pint to a quart of the solution will be required to effectually cleanse the parts. The uncomfortable sensation caused by too great elevation of the bottle, in my opinion depends upon a distension of the various cavities, (ethmoid and sphenoid cells, antrum and frontal sinuses,) by the solution, and a retention in them of part of the fluid, or possibly upon temporary congestion of the schneiderian membrane. I have never seen the ears in any way affected by its use.

Where the mouths of the eustachian tubes are open sufficiently to allow the entrance of water to the cavity of the tympanum, violent pain will be left in the ear for quite a while. This may be followed by purulent catarrh of that structure, and even death has occurred in several recorded instances. The patient must be directed to avoid swallowing; for during the act of deglutition the eustachian tubes are potent, and water passing through the nasal cavities may obtain access to the ear.

Pure water alone, almost always, aggravates the trouble, while saline or alkaline solutions, seldom produce any disagreeable effects. Lime water or solutions of alum, or permanganate of potassa, milk and water, infusions of oak bark, or cinchona, starch water and various other remedies may be employed with advantage.

The nasal douche is a valuable adjunct in the treatment of diseases of the nasal cavity, but it alone should not be relied upon to effect a cure.

There are, undoubtedly, persons who are unable to endure the application of this means of treatment, but we also find others who cannot stand the introduction of eustachian or urethral catheters, so that we should not condemn an instrument altogether on account of these few exceptions. Owing to the fact that several deaths have occurred attributed to the use of the nasal douche, many physicians are afraid to employ it in their practice. But as the reports of these cases are meagre, we are unable to say whether the fault lay in the instrument, or whether the fatal effect was owing to carelessness of the one using it.

Discretion must, as a matter of course, be practiced with the use of this as in the use of any and all our therapeutic agents; and it should not be employed too frequently; two or three times per week being often enough for any ordinary case, and every morning in cases accompanied with very copious foetid discharges.

Professors Knapp and Roosa, of New York, have abandoned the use of Weber's nasal douche, on account of unpleasant results having occurred in cases coming under their observation. But in almost all instances where complete reports of cases have been recorded, it will be found that *cold* water has been employed.

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### GLOBE PESSARY IN THE UTERUS DURING LABOR.

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By C. E. WRIGHT, M. D., Indianapolis, Ind.

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January 18, 1871, I was called at 1 o'clock, P. M., to attend Mrs. C—, aged 35, in labor with her second child. The liquor amnii had passed away at 12 o'clock, the preceding night. No pains occurred until 7 o'clock, A. M., on the 18th. From this time until I arrived, pains had recurred about every fifteen minutes.

Patient told me she had introduced a glass pessary into the vagina about two weeks previous and that she was unable to find it.

Upon making an examination I found the dilated os with a diam-

eter of about two and a half inches; head, first presentation, but movable, and had not begun to descend; but no pessary could, upon the most careful examination, be felt. There was a small polypus about one inch in length, attached by a short pedicle to the anterior portion of cervix uteri.

Labor went on in its usual course, and the woman was delivered of a fine, healthy boy, at 4 o'clock. After waiting about a quarter of an hour, I introduced my hand to bring away the placenta,—a traction of the cord producing no effect,—and found a hard round body enelosed by the membrane. This I brought away and found it to be a glass globe pessary one and a half inches in diameter, with a small opening, and half filled with a stinking, brown-colored fluid.

The pessary was lying directly upon the placenta *within* the uterus. Placenta came away soon after the pessary was removed.

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## PROCEEDINGS OF SOCIETIES.

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### INDIANAPOLIS ACADEMY OF MEDICINE.

INDIANAPOLIS, January 17, 1871.

Academy assembled at 8 o'clock, P. M.

After the usual business was transacted, Dr. Fletcher read a paper upon Monthly Nurses.

Dr. Bigelow thought the subject was one that demanded more attention than was given it. He had been more worried and vexed by the malicious contrariness of the professional nurses than by any other persons he had associated with in life. In a most amusing manner the Dr. portrayed a few Sarah Gamps.

In one instance the nurse refusing the Doctor's recommendation to wash the inflamed eyes of the new-born babe with simple tepid water. She mixed a teaspoonful of spirits of camphor with a teaspoonful of water, and thus showed her superior wisdom by almost destroying the optics, besides producing much discomfort in the family as well as adding materially to the doctor's bill for after-attendance. Another nurse who imagined the babe had ear-ache,



proceeded to put twenty drops of chloroform into said ear, which nearly deprived the fond parents of their first born. In this case the delighted father procured the chloroform for the wise nurse.

Dr. B. also related a case where the nurse treated an inflamed breast with a naturally concocted poultice of cow's excrement.

All of these cases occurred under the superintendence of so-called first-class nurses in families of Indianapolis.

Drs. Newcomer, Harvey, Gaston, Woolen, Washburn, Stevens and the president, Dr. Mears, added their opinions as agreeing with the essayist in the utter incompetency of this class of monthly nurses, and would prefer as nurse a willing, young, hard working, ignorant person, who knew only to do as she was directed, to all the so-called professionals.

The subject of having persons educated to this business was discussed, and the opinion arrived at that if women were educated for *nurses* they would all the sooner practice as physicians.

No physician seemed willing to take the responsibility of recommending a *nurse*, preferring to let people make their own selections and take the consequences.

Academy adjourned.

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## MEETING OF THE NORTH-EASTERN INDIANA MEDICAL SOCIETY.

The meeting was held at Ligonier, on Tuesday, November 6, 1870, at 10 o'clock, A. M.

The president, Dr. O. J. Vincent, was unavoidably absent. Dr. H. D. Wood, (one of the vice-presidents,) presided.

After the journal of the preceding meeting was read by the secretary, the censors reported the following names for admission to the Society:

Drs. A. Koelebaugh, P. L. Cole, J. K. Dunning, H. G. Tucker, John Gants, E. W. Knepper and E. Jones.

The report of the censors was adopted, and the gentlemen became members, on the payment of one dollar admission fee, as provided by the by-laws of the Society. Dr. Latta, of Goshen, was elected an honorary member on motion of Dr. Denny.

An hour previous to adjournment for dinner was devoted to the discussion of scarlatina. The time being so limited but few of the members engaged in the discussion. It was agreed that the supporting plan of treatment, usually consisting of quinia, iron and potors

chloras, with allimentation and stimulation, was most to be relied upon for success. These measures to be assisted with elimenatives as far as possible. Drs. Latta, Dancer and Denny, spoke favorably of the greasing which is practiced by many; Dr. Latta claiming that it served, in some degree, to prevent the destruction of cuticle, which is often the result of desquamation. Dr. Wood did not regard the practice with favor.

The Society adjourned from 12 M. until 1½ P. M., for dinner.

Reassembled promptly at the appointed hour.

Dr. Latta reported a case. (Prepared by himself for publication, by request of the Society.)

Dr. Landon read his very elaborate paper on the progress of medicine. It was listened to with much interest. The practitioner who is not "fully up to the times," would be astonished at the rapid strides the science of medicine had made in "his sleep of but twenty years."

The secretary, Dr. J. L. Gilbert, read his paper on the treatment of diphtheria.

The Society devoted the remaining hours, until five o'clock, to the discussion of cerebro-spinal meningitis. The discussion was very interesting; nearly every member of the Society took an active part in it, and it was well sustained. The time, however, was not thought sufficiently long to discuss so extensive a subject, and it was agreed to make it the subject for discussion at the next meeting.

Previous to adjournment for supper at six o'clock, Drs. Daneer and Dunning, were appointed essayists for the next quarterly meeting, to be held at Angola, on the first Tuesday in March, 1871.

Reassembled at eight o'clock. Dr. Daneer, (one of the vice-presidents,) in the chair.

Dr. H. D. Wood, of Angola, delivered an address to a large and refined audience. It was principally devoted to a history of medicine, with short sketches of its most distinguished representatives, from the days of Hippocrates to the present time. The subject was well adopted to a public audience, and was so presented as to be appreciated by all. The members of the Society and people were alike interested and gratified. A hearty expression of thanks was voted the Doctor for his able address.

On motion, he was requested to furnish the secretary a copy of it for publication in the journals of the counties comprising the territory of the Society.

The Society adjourned after a very pleasant meeting, in which many new acquaintances were made and old ones pleasantly revived.

The members of the profession at Ligonier, will long be remembered for the many kind courtesies shown their visitors on that pleasant day and evening.

J. L. GILBERT, *Secretary.*

## CLINICS.

*BEFORE THE CLASS OF THE INDIANA MEDICAL COLLEGE.*

*Reported by J. T. McShane.*

### NECROSIS.

**By Prof. COMINGOR.**

GENTLEMEN: Chas. Newham, married and twenty-eight years of age, presents himself for an operation for necrosis of the femur in the popliteal space. He has been suffering from the disease for fifteen or sixteen years.

Necrosis is death of bone, and synonymous with gangrene of the soft structures. We exclude caries in the diagnosis, because the disease is located in the shaft of the bone. If it was caries, the cancellated structure of the bone would be diseased. The knee-joint is not diseased.

The sequestrum in this case is invaginated. Openings through the new bone are called *cloacæ*, and communicate with the dead bone. The sinuses lead to them, and give exit to the offensive matter from the diseased structures.

You can readily understand why the disease cannot be cured by general and local medication, from the fact that dead bone keeps up irritation of the parts, and a constant drain from the system. The dead bone must be removed. When there is simple exfoliation injections of dilute sulphuric acid assists in separating the diseased from the healthy bone. The diseased bone is readily cast off. In this case the sinuses open in the upper part of the popliteal space.

The probe passes upward and inward about three inches, where it comes in contact with the bone. There is a peculiar sensation transmitted to my hand which indicates that the probe is in contact with a roughened surface. (Chloroform was administered to the patient, and the Professor, assisted by Professors Waterman and

Harvey, proceeded to perform the operation as follows: An incision was made from the opening of the sinuses upward, four inches in length, which exposed to view the short head of the biceps muscle, and a part of semi-membranosis. The sciatic nerve was external to the incision and the popliteal artery internal. Several pieces of bone were removed by means of the forceps, trephin and chisel, the largest of which was two inches in length and one inch in width.)

Operations in this locality are necessarily tedious. You should remember the important vessels and nerves in the popliteal space, all of which should be carefully guarded against injury, and they prevent free manipulations and incisions as we might make in some other localities.

This is a very interesting case, and you see the necessity of understanding the condition of the parts, and also the necessity of making a correct diagnosis. In regard to the treatment we do not wish to procure immediate union, but rather healing by granulation from the bottom of the wound. The general treatment must be supportive. The condition of the wound must, from day to day, indicate the treatment. Our object will be to avoid excessive inflammation.

January 25, fourteen days after operation; the patient is progressing very favorably.

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## HOSPITAL REPORTS.

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By **E. HADLEY, M. D.** Physician of Indianapolis City Hospital.

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**CASE I. Burn.** A boy, aged nine years, was admitted to Hospital December 3, 1870. Three months before admitted received a burn on abdomen and chest, by running against a mass of molten iron at a rolling mill. Skin and cellular tissue have been destroyed. At present there is a granulating surface twelve by seven inches in extent, suppurating profusely. New skin has formed around the edges of the wound to the extent of an inch. Patient had strong constitution, but is much debilitated.

The following treatment was ordered by Dr. Harvey:

R Resin cerate.....	5i
Creosote.....	3i

M. Eig. To be spread on cloth, and applied to wound once a day. December 12. Formation of new skin has diminished size of wound fully one-half. December 20. A strip of new skin forming across wound, between upper third and lower two-thirds. January 4, 1871. A square inch of surface of upper wound unhealed. Four square inches of lower one. January 20. Upper wound healed; one square inch of lower portion remaining. Patient has been about wards and out of doors for a couple of weeks. Is in excellent health. The ointment used caused no pain. During its use there was but little suppuration.

CASE II. Favus, etc. A female, age sixteen, was admitted into Hospital, December 9, 1870. Sores on head and neck. On the head they are numerous on top and back part, consisting of scabs, some confluent, irregular; half an inch in diameter. Others smaller and more regular in shape; all of them cup-shaped, more or less. Rest on non-inflamed, broad bases; a slight but offensive discharge runs through hair on back of neck. Disease diagnosticated favus.

On back of neck are numerous pustules; a few also scattered over shoulders and back all inflamed and painful; some are with small, yellow scab at apex. Diagnosticated impetigo. Her thick hair is literally alive with lice. On front of left leg is an inflamed ulcer an inch in diameter; slightly below general surface of skin; little discharge. On front of right leg is another sore with a conical scab an inch in diameter; of an ash color, not much inflamed. Both pronounced rupia. Patient has led a degraded life, but has not a syphilitic history. Does not complain of poor health, but has a pale or scrofulous appearance. To rid the hair of lice was given dilute carbolic acid, (xxxii gutt water,  $\bar{3}$ i.) The hair was thoroughly saturated with this on evening of admittance, (December 9, 1870.) Next morning, (December 10,) nearly all the lice were dead. Another application of the acid destroyed the remainder. Patient ordered on the following treatment: December 11. Head to be washed every morning with castile soap suds; afterwards a thorough application to be made to sores on head and neck with the following:

R Carbolic acid ..... gr. x.  
Glycerine..... $\bar{3}$ i.

December 13. Discharges from sores stopped. As this solution of acid caused no inconvenience to patient, the following stronger one was substituted:



R Carbolic acid.....gr. xx.  
Glycerine..... $\bar{3}$ i.

December 15. All the scabs on head fallen off, and the sores healing rapidly. Pustules on neck less inflamed; many of them have disappeared. Commenced same treatment with sores on legs. December 21. Substituted this still stronger solution of the acid:

R Carbolic acid..... $\bar{3}$  ss.  
Glycerine..... $\bar{3}$  i.

December 29. All sores on head and neck have disappeared. That on left leg healing; the one on right leg healing slowly. January 4, 1871. Ulcer on left leg healed. Continue treatment with remainder. January 18. Ulcer on right leg disappeared.

CASE III. Eczema. January 2, 1871. A baby, female, age one year, was brought to the hospital. Has an eczematous eruption on inner side of thighs; also eczema behind and in right ear. For treatment ordered benzoated ointment oxide zinc, to be applied to affected parts morning and evening, the parts first being cleansed. January 6. Eruption on thighs well. It has been difficult to apply ointment in ear. The disease here is worse. In the concha and meatus, as far as can be seen, the membrane is inflamed and cracked, bleeding, and discharging an offensive ichor. Directed the following to be injected into ear twice each day and retained by means of bit of cotton:

R Carbolic acid.....gr. vi.  
Glycerine..... $\bar{3}$  i.

January 8. The inflammation subsided and discharge stopped. January 12. Ear cracked and scabby; substituted the following stronger solution of the acid:

R Carbolic acid.....gr. xil.  
Glycerine..... $\bar{3}$ i.

January 18. Ear well.

## GLEANINGS FROM FOREIGN JOURNALS.

Translated by GUIDO BELL, M. D., of Indianapolis.

ON THE RESORPTION OF QUININE.—G. Kerner made very many experiments, and found although more urine is produced, the excretion of solids is diminished, especially those containing nitrogen.

The quantity of ammonia and chlorides was the same. Quinine could be proved seventy-eight hours after use. Quinine dissolved in urine crystallizes out the same; but quinine *excreted by kidneys* shows partly another form, it is amorphous, soluble in hydrate of soda, and is not bitter.

Because the intoxication with quinine occurs sooner in healthy than in feverish persons and the quinine is retained longer in the blood, [after Than.] K. said: In that state of hyperoxydation, even quinine oxydated in larger scale. Having no urine of feverish patients treated with quinine, he oxydated some quinine with permanganate of potassa, and obtained the above amorphous quinine, showing the same chemical reactions. This preparation was experimented the same as with quinine, but failed in every action. The acid of the gastric juice increases, but free potassa or soda diminish the solubility of quinine. But the carbonate of potassa or soda makes it more soluble, and the author proves that free carbonic acid favors the resorption and enhances its antipyretic action. The bile forms with quinine insoluble salts, that can be prevented by some acids. In general physiological digestion does not prevent resorption; otherwise it is with pathological secretions.—*Archiv. of Physiol. and Memorabel.*

ON THE ACTION OF BELLADONNA.—1. Belladonna is the best antidote of opium and inverse, especially hypodermically after poisoning.

2. Children tolerate comparatively larger doses than grown people.

3. The effect in neuralgia, epilepsy and tetanus, is often surprisingly favorable.

4. It does more good in whooping-cough than any other remedy.

5. Its prophylactic action in scarlatina is doubtful.

6. In incontinence of urine after paralysis, in diseases of the spinal cord, belladonna is recommended.

7. In chronic constipation it is good in some cases.

8. Its action on secretion of milk is not superseded by any other remedy.

9. In spasmodic contraction of the sphincters it acts very favorably.

10. Its usefulness in iritis and photophobia is the highest.—*Allgem. Med. Central. Mem.*

MILK AS A PREVENTIVE IN LEAD-POISONING.—After Didierjean, the working-men of a red lead factory have been ordered to take a quart

of milk daily, and no symptoms of poisoning have yet been observed.  
—*Gazette Hebdom.*

MR. GELIS recommends a depilatory :

Orpiment one part.

Sulphuret of sodium four parts.

Water a sufficient quantity.

After twenty-four hours the mixture must be boiled a little, filtered, and finally concentrated to forty-five degrees (Baume.) It can be formed and when solid must be brought below parafin. A solution of eight to ten degrees (Baume) can be used on which lime powder is spread. A few minutes after the skin is depilated.—*Revue Thera.*

MR. MARENGHI publishes six cases of pellagra successfully treated with arsenious acid.—*Gar's Med. Ital. Lombard.*

PROF. LOMBROSE made some experiments with spoiled corn. At first local affections occurred, then all other nervous symptoms of pellagra. Stout persons were not affected. The symptoms have not been always the same in every case. Spoiled corn meal has been proven to be a cause of pellagra.

For inhaling in hooping-cough Mr. Viehot recommends :

Charcoal .....dry.

Nitre.....gr. ij.

Aphthalin.....gr. xv.

Creosote.....gr. xij.

Phenylie acid.....gr. vi.

Coal tar.....gr. xv.

Tragacanth gummi.....dr. ij. b.

One troche of one drachm to be burned in a small room.—*Presse Med.*

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## REVIEWS.

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SPECIFIC MEDICATION AND SPECIFIC MEDICINE, by John M. Scudder, M. D., Professor of the Principle and Practice of Medicine, in the Eclectic Medical Institute, Cincinnati, etc., etc. Cincinnati: Wilstach, Baldwin & Co., printers, 1870. For sale by R. W. Cathcart, Indianapolis.

The larger portion of this work has appeared from time to time in the pages of the *Eclectic Medical Journal*. The assertions that "there are no specifics in medicine," is contradicted; that remedies "influence uniformly and directly the part or portion diseased," and that it "opposes such diseased action," he would write the law of cure *opponens opponenda* instead of *similia similibus*. He does not believe in the *infectant* theory, and yet believes "no medicine should be given unless the pathological conditions and the indications for its use are clearly defined; it is much better to employ a placebo than run the risk of doing harm by medicine." These we consider sound views.

The action of several hundred articles are defined. Whether those guided by the rules laid down will never be disappointed in the therapeutical working, we do not know, but we are very much inclined to think with the author, that "much remains to be learned."

NEW YORK OBSERVER AND ALMANAC, 1871.

It is "not a simple almanac, but an encyclopædia of statistical importance, religious and secular." The *Observer* itself is a paper professing to give the religious news of the world, and while it is the organ of no particular sect it clings to the cardinal principles of protestant christianity. So says the announcement. Its price is three dollars per annum in advance. Subscriptions to be sent to Sidney E. Morse, 37 Park Row, New York.

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## MISCELLANEOUS.

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A. H. KINNEOR, M. D., of Metamora, Ill., reports cures of gleet and leucorrhœa cured by the use of bromide potassium. He prescribes it in doses of xx gr. twice a day, thirty minutes after meals. He thinks it beneficial in either the uterine or vaginal form of the latter disease. "We obtain, as it were, two effects from the use of the drug: alterative and nervo-sedative, producing a marked sedative effect upon the genital organs, allaying all irritation of the parts; in fact, putting them at rest, thus giving the medicine every chance to produce its alterative effect upon the parts diseased."

In all cases the dose should be large enough to produce a marked effect upon the system.

We consider the suggestion worthy of attention, and the remedy worthy of a trial.

REMARKS ON THE OPERATION OF TRANSFUSION AND THE APPARATUS FOR ITS PERFORMANCE.—By Robert M'Donnell, M. D., F.R.S., one of the Surgeons to Dr. Steevens's Hospital.

In the May number of this Journal for the present year, Dr. Beatty published a case of *post partum* hemorrhage, in which the operation of transfusion had been performed. I may be allowed cordially to thank him for the flattering terms in which he speaks of the individual who had the good fortune to be the operator in this instance. I may be also allowed to return the compliment by saying that I have seldom read anything at once more truthful or more graphic than this description of the near approach of death and the dawn (as one may almost say,) of returning life in the patient. It was one of those cases which repay a surgeon for years of anxiety and toil, and which make up for many disappointments.

The operation of transfusion may be rendered so simple and so safe, that I am convinced it should be performed in a much larger number of cases than it is at present. The surgeon should be prepared to perform it not only in all cases of impending death from loss of blood, where it has been possible to arrest the actual hemorrhage, or where it has become spontaneously controlled, but in many other instances. When an operation is simple, almost free from danger in itself, and as regards its performance nearly painless, it is well to try it in cases in which one would shrink from it were it a dangerous or difficult procedure. Acting upon this principle, I once performed it in a case of tetanus, to which I shall presently refer, and I conceive it is well deserving of more extended trial in such cases, as well as in chlorosis, cholera and other affections.

At present I wish to confine my observations to two points, one physiological as regards the fibrin of the blood, the second practical touching the apparatus and mode of performing the operation.

I conceive that most physiologists at the present time will agree with me in thinking that it is an advantage to get rid of the fibrin of the blood about to be used for transfusion. Few are now found to believe that the fibrin is an all-important nutritive element (plasma) existing in the blood, without which it ceases to exercise its life-supporting functions. Notions upon this subject have undergone a great change since, some twenty years ago, Mr. Simon drew atten-



tion to what is now, I fancy, regarded as the true state of the case. In his admirable "Lectures on General Pathology" he says:—

"This is a matter of great importance, and you cannot do justice to it without reflecting carefully on the general functions of fibrin. Many physiologists have regarded fibrin as that ingredient of the blood which, in the ascending scale of development, stands next for appropriation into the living textures of the body: they have regarded it as representing the ripeness, and perfection, and nutritiveness of the blood. On the opposite side, of late years, have been some who inclined to a very different view, thinking that they find cogent reasons for placing fibrin on the same scale as the extractive matters, and for reckoning it among those elements which have arisen in the blood from its own decay, or have reverted it from the waste of the tissues. I may confess that, to my mind, this appears infinitely the more plausible view, and I will tell you the arguments which induce me to adopt it.

"First, I find that fibrin is undiminished by bleeding, however frequently repeated: nay, that it often, or even usually, increases under this debilitating treatment; its highest figure given in Andral's book (10.2) was a fourth bleeding; and Scherer found it as high as 12.7 at the third venesection in a case of pneumonia. I find that under many other circumstances of exhaustion, and weakness, and inanition, during the progress of starvation, during diseases essentially anemic, during violent fatigue, and the like, its proportion has been found at least as high, perhaps higher, than in the inflammatory process. And as in these respects I find its proceeding to be in direct contrast to that of the red globules, (which we know to be potential elements in the blood, and which are at once reduced by bleeding or starvation,) so also do I find a similar contrast in another striking particular. Messrs. Andral and Gavarret, in course of their extensive researches in the comparative physiology of the blood, ascertained that an improvement in the breed of an animal tended always (*ceteris paribus*) to increase the proportion of its coloured blood-corpuscles; they found that the same improvement tended likewise to diminish the proportion of its fibrin. And I find further indications of the same inverse ratio between the fibrinousness and the perfection of the blood, in the facts that there is little or no fibrin in the blood of the fœtus, none in the egg, none in the chyme, and less in the blood of the carnivora (who fed on it) than in that of the herbivora.

"Some of these facts, derived from very different sources, appear quite inexplicable on the theory that fibrin is essential to the pro-

gressive development of the tissues; and the opposite inference seems unavoidable, that it must be considered an excrementitious product derived from the waste of the tissues or the oxidation of the blood, and in progress of elimination from the system. This conclusion, carried into the domain of pathology, would lead us to suppose that an augmented proportion of fibrin in the blood, (whether occurring in active disease or within the limits of apparent health) can be taken as indication only of increased labor and waste in certain elements of the body, not of an increased development in the resources and nutrition of the blood. And on the same grounds it would appear that a super-fibrination of the blood, in acute inflammatory diseases, must be regarded as a consequence and effect of those diseases, not as their cause, and not as a primary affection."

If we add to all this, so well expressed by Mr. Simon, the *fact* observed by Dr. Brown-Sequard and verified by myself, that when defibrinated blood is made artificially to circulate through the limbs, trunk, or head of a recently dead animal, it emanates from the veins charged with fibrin, we find corroborative evidence in favor of the view that it is, in truth, a material of an excrementitious nature. The same notion is strongly supported by the further fact that the fibrin is destroyed in the blood passing through the liver and kidneys.

Physiologically, therefore, it appears that blood is rendered more suitable for the purposes of transfusion by being deprived of its fibrin. From a surgical point of view, of course, defibrinated blood has immense advantages. No one who has not made experiments on the subject can fancy the difficulty of transferring blood from one creature to another without its coagulating. To defibrinate the blood previous to its injection disarms the operation of more than half its difficulties and dangers. There is no occasion for undue haste; there is no risk of embolism from clots; the serum, the salts, and the blood discs, all the vivifying elements, in short, are present; nothing is left out save what is physiologically useless, if not injurious and surgically dangerous.

There is but one objection which can reasonably be urged against defibrination, and this is the time lost in doing it. Transfusion is generally an operation of emergency; there is, it is urged, no time for stirring the blood and straining it. To meet this I should propose that every case containing the transfusion apparatus should be provided with a solution of phosphate of soda, so that, according to the

plan of Braxton Hicks,\* it might be added and coagulation prevented if it appeared that the patient's life might be lost during the few minutes lost in defibrinating.

As regards the advantages of omitting the fibrin from the blood, the experiments of Panum are important and indeed conclusive. He showed that, if clots of any size enter the vein, death occurs either during or immediately after the operation from obstruction of the pulmonary artery. If death is not immediate it may supervene later, owing to embolism produced at some point in the circulation.

The researches of Brown-Sequard and Panum have, therefore, a great practical value, inasmuch as they demonstrate that for purposes of transfusion fibrin is not an essential part of the blood. It is, as a matter of fact, reproduced in forty-eight hours, and its absence exercises little or no influence on the quantity of urea evacuated.†

The case in which I some years ago performed the operation of transfusion in a patient suffering from tetanus, presented some features of interest which make it worth relating. Although I cannot say that it seemed to exercise any beneficial effect upon the complaint, or even to prolong the patient's life, it certainly gave relief from a very distressing symptom. It was quite impossible to induce her to swallow anything, so great was the spasm of the gullet; enemata were instantly ejected. It was most piteous to hear her constantly crying through her teeth, clenched upon a piece of cork—"Save my life, save my life if you can; I am dying of hunger and thirst." An hour after the operation the sister in charge observed that she ceased to complain of hunger or thirst. The spasms did not, however, diminish in either frequency or intensity. As the patient was quite conscious during the performance of the operation, she was able to describe accurately her sensations as the blood was thrown into her

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\*Dr. Braxton Hicks, (*Guy's Hospital Reports*, Vol. xiv., p. 1,) recommends a solution of phosphate of soda of the same specific gravity as the blood. He says:—"I would propose that three ounces of fresh phosphate be dissolved in a pint of water; some of this will crystallize out, but when required for use it will rapidly re-dissolve if immersed in warm water at 100° Fah. The proportion of the solution to the blood employed should be about one-fourth."

Neudorfer recommends the addition of two grammes of bicarbonate of soda dissolved in from thirty to forty-five grammes of a solution of albumen or sugar to every 120 grammes of blood. It is obviously better, unless the circumstances very urgently call for it, to avoid the introduction of such substances.

†Panum Experimentelle Untersuchungen über der Transfusion, Transplantation oder Substitution des Blutes, etc. Virchow's Archiv, xxvii., p. 249.

veins. The following is a statement of her case, as noticed at the time by Dr. Dudley White, then residing in Jervis-street Hospital:—

Mary Anne Dooley, aged fourteen years, was admitted to Jervis-street Hospital on March 27th, 1865, with a contused and lacerated wound of the right hand, which had been caught between the rollers of a paper mill. The little finger was completely destroyed, and the rest of the hand severely injured. Up to April 16th, the patient made favorable progress, and on that morning was up and about, but complained of weakness, and had no inclination for breakfast. In the course of the forenoon the sister in charge perceived the peculiar expression about the eyes and brow, which she recognized as tetanic. Very active treatment, with belladonna and tobacco stupes to the injured hand and limb, was adopted from the first. The following mixture was administered in increasing doses, until very marked symptoms (great dilatation of the pupil and delirium) were produced:—

℞. Atropiæ valerianatis.....gr. i.  
Ammoniæ valerianatis.....gr. x.  
Aquæ.....℥ vi.

60 minims by measure every two hours until effects on the pupil become marked.

A blister was applied round the arm on the side injured. This, as well as the hand, was stuped with the infusion of tobacco.

All along nutriment was given as frequently and abundantly as the patient could bear or take.

On the second and third day the pulse rose to 140; opisthotonos became distressing; ice was applied along the spine, and chloroform administered with but very temporary benefit. After each time of its administration, however, it was possible to give beef-tea.

On the 19th the spasms were very frequent, occurring regularly every seven minutes, with a severe one every three hours; patient complained piteously of hunger and thirst; was absolutely unable to take nutriment by the mouth, and instantly rejected enemata.

On the following day she was apparently sinking from inanition, constantly saying that she was dying of hunger and thirst.

With the consent of my colleagues, Drs. Forrest and Tyrrell, I then performed transfusion. The patient was quite calm and collected; all delirium had ceased, the atropia having been suspended in consequence of the total inability to swallow.

Dr. Tyrrell took blood from my left arm to the amount of twelve ounces; this was defibrinated by stirring, straining through muslin, and kept at the proper temperature by allowing the vessel contain-

ing it to sit in warm water. It was then thrown into the corresponding vein in the patient's left arm. I had no difficulty in finding the vein and opening it. When I had introduced the nozzle Dr. Tyrrell carefully worked the syringe, which I at that time used, and by steady, gentle strokes, the entire of the blood was injected. Every two or three minutes an interval was given, and the patient asked how she felt. She expressed herself as feeling an agreeable sensation, an undefined sensation of warmth pervading her.

An hour after her sensations of hunger and thirst were quite allayed.

The operation had no effect whatever on the spasms; it did not seem to exercise the slightest control over the course of the complaint. On Friday (21st) the patient died, without pain, and quite conscious to the last.

The apparatus which I now recommend for the injection of defibrinated blood or any other fluid into the veins is very simple. It has the advantage of dispensing with the use of the syringe, an instrument ill adapted to operations of emergency, as the piston has often ceased to be air-tight just when it is necessary that it should be completely so. In its stead I use a strong glass pipette, which, with the pressure of the air from the mouth, is quite sufficient to force in the blood.

[The instrument described and illustrated by Dr. McDonnald, is simply a glass tube capable of holding four to six ounces. The tube is drawn to a point below to attach a small rubber tube, and to the other end of the rubber tube is attached a small canula of glass or metal, small enough to put into a vein. The upper end of the tube is open, into which the injecting fluid is to be poured.]—Eds.

Besides this instrument every transfusion case should contain—1st, bandage, lint, and lancets; 2d, glass stirring rod, and piece of muslin (both perfectly clean,) for straining the blood; 3d, small sharp-pointed scalpel or tenotomy knife, forceps, scissors, and straight needles; 4th, thermometer; 5th, a small clip or spring forceps to catch the India-rubber tube—this is simpler than a stop-cock, as well as lighter and more manageable; and 6thly, some fine wire for securing the India-rubber tube at different points. This is more convenient for the purpose than ligature silk.

There is no real difficulty in the operation, but there is much nicety, and its success depends upon close attention to a number of apparently trifling details. Besides the things above mentioned nothing is needed but what can be at hand even in the dwelling of an humble patient, viz., some warm water, a basin, some bowls, a small jug or ewer.



The blood to be injected is usually obtained from the husband or some healthy relative or friend. In hospital, students are always found ready generously to offer their's. It should be drawn from a good-sized opening in the vein into a perfectly clean bowl or finger glass, previously rinsed in hot water. It is to be stirred as it flows into the bowl, with a glass rod, also perfectly clean; as soon as the shreds of fibrin are found clinging on the end of the rod (this occurs in five or six minutes,) the blood is to be strained through muslin, previously dipped in boiling water, into a second vessel. This second vessel should be kept sitting in a basin of hot water at a temperature, ascertained by the thermometer, of about 105°. The straining of the blood gets rid not only of the clots of fibrin, but of the froth which has come from the stirring, which should be brisk.

The blood is now ready for use, and has only to be maintained for a little time at the due temperature. This is a matter of detail, varying with the heat of the season and apartment.

The pipette is next got ready, that is to say, the blood is sucked up into it until the bulb is filled; the tube and nozzle are adjusted to it, and the spring clip put on the tube so as to prevent the escape of the blood. When filled and ready it may be placed in a jug or any other deep vessel containing water of the proper temperature. If standing erect, with the spring on the tube and the nozzle elevated, no blood can escape, and it remains in such a condition that there is no occasion for any extreme haste in the further steps of the proceeding; there is no fear of its cooling too much in a moderate time, nor of its coagulating.

The next part of the proceeding is to open a vein in the patient. This may be done at the back of the hand or foot, but perhaps best at the bend of the elbow. The skin over the vein is pinched up between the forefinger and thumb of the left hand of the operator. This raises the skin only, and when it is transfixed and divided to a moderate extent the vein is usually seen crossing the cut; if not visible, we must press along the skin from below, so as to squeeze enough of blood into the vein to make it visible. When once seen a needle should be passed across underneath it; this is only as a mark, for if the vein contracts from exposure to cold air it is not easy to find it again. If necessary the vein may be slightly raised from the surrounding adipose tissue before opening it. This is done by taking hold of it in a fine pair of forceps, and making a nick in it with the scalpel. The pipette and tube are then brought, and the probe point of the silver nozzle is introduced into the vein, but not so far as the eyelet hole in the side of the canula. Before pushing it

in so far as that, the spring clip is taken from the tube, and the blood allowed to descend and emerge from the eyelet hole, expelling all air before it. The canula is then pushed in, into the vein, and the blood allowed to flow on. The weight of the column, which may be increased by raising the pipette, is usually sufficient, but if not the mouth can make sufficient atmospheric pressure to insure the passage of the fluid into the vein. When all the blood in the bulb has been thrown in, it can be re-filled by pouring in more without uncoupling it from the tube, but it is also easy, if there is not a ewer of convenient size, to take off the pipette and suck up the blood into it as at first. When the thumb is placed on the upper orifice it is controlled so that it can at once be re-adjusted to the tube. While the injection is going on the operator holds the India-rubber tubing between the forefinger and thumb of his right hand, close to the piece of glass tube; if any bubble is seen in the glass tube its passage into the vein can be instantly arrested by pinching the India-rubber tubing.

The apparatus just described has the merit of being very simple, and always in order; the use of it and of defibrinated blood makes the operation of such easy performance that I should venture to hope it will now be more frequently had resource to than formerly. It is obvious that this apparatus is equally applicable for the injection of saline solutions into the blood vessels, as a mode of treatment in cholera and other complaints well worthy of a more extended trial than it has yet received.—*Dublin Quarterly Review*, (November.)

**HYPODERMIC INJECTION OF CALOMEL FOR SYPHILITIC DISEASES OF THE EYE.**—Professor Quaglion and Dr. Soresina give the details of a considerable number of cases where this plan of treatment has been successful in various ophthalmic diseases of syphilitic origin. The calomel was sometimes injected hypodermically into the temples, sometimes into the arm, great benefit being obtained in every instance.—*The Practitioner*.

**GLYCERINE-LYMPH IN VACCINATING.**—Dr. E. Muller, in *V. Horn's Vierteljahrsschrift für Gerichtliche Medicin*, 1869, after an historical exposition of variolous inoculation, vaccination, and revaccination, endeavored to point out the cause of the great mortality which still occurs from small-pox, by the large number of the community who are unprotected or partially protected from the variolous contagion. Hence, on every occurrence of a variolous epidemic, to prevent its spread, all unvaccinated children must be immediately vaccinated,

and all older persons revaccinated. The chief difficulty in carrying out with sufficient promptitude these sanitary measures is the scarcity of pure, efficient lymph. According to Dr. M. this scarcity may be in some measure obviated by the dilution of the vaccine lymph with glycerine. He recommends that five portions of lymph be intimately mixed, by means of a fine camel's-hair brush, with the same quantity of glycerine that has been reduced by the addition of water to one-half its strength. The lymph ordinarily used, perhaps more so; it has also the advantage of a greater tenacity in its active powers, and hence of being kept for use for a longer period without deterioration, so that on the outbreak of an epidemic of variola a sufficient supply of reliable lymph may be on hand for vaccination and revaccination.—*Druggists' Circular*.

PERMANGANATES FOR FÆTID EXPECTORATION.—An interesting case occurred in the wards of the hospital at Grenoble, under Dr. Charvet. A man of forty-three years of age, consumptive, suffered terribly from the offensive nature of his expectoration, which compelled him to be placed in a separate room. Carbolic acid was prescribed, but produced only the slightest effect. Dr. Charvet then tried solution of permanganate of potash in water. The success was very striking, the stench at once being diminished, and in the course of ten days quite removed.—*Ibid*.

MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA.—The Medical Society of the District of Columbia held its fifty-third annual meeting last night at the Colonization building, corner of Four and-a-half street and Pennsylvania avenue. W. P. Johnston, M. D., the retiring president, presided, and after a very handsome valedictory announced that the annual election of officers was the business of the evening.

The election was held, and resulted as follows: President, Dr J. M. Toner; vice presidents, Drs. S. C. Busey and Wm. Marbury; corresponding secretary, Dr. W. B. Drinkard; recording secretary, W. W. Johnston; treasurer, Dr. F. A. Ashford; librarian, A. F. A. King; board of examiners, Drs. W. G. Palmer, D. R. Hagner, Lewis Mackall, jr., B. Thompson, C. M. Ford; censors, C. A. Leiberman, J. F. Thompson and Thomas Miller.

Dr. Toner, upon taking the chair, made an interesting address, in the course of which he gave the following

#### INTERESTING MEDICAL STATISTICS.

The Medical Society has upon its rolls as members the number of 291; deceased or removed from the District, 131; members in active

practice, 150; members retired from practice, 12; licentiates engaged in practice, 18; members attending hospitals in the District, 15; members engaged in teaching in medical colleges, 20; members who hold salaried offices and clerk-ships, 20.

Of 119 members whose date of graduation is recorded on the roster of the society, two have been in practice 46 years; one 43 years; two 42 years; one 41 years; one 40 years; one 37 years; two 34 years; five 31 years; two 29 years; two 28 years; one 27 years; four 26 years; two 25 years; three 24 years; one 23 years, one 22 years; two 21 years; three 20 years; five 19 years; six 18 years; one 17 years; one 16 years; one 15 years; two 14 years; two 13 years; one 12 years; seven 11 years; two 10 years; nine 9 years; four 8 years; eight 7 years; four 6 years; six 5 years; six 4 years; two 3 years; eight 2 years; and two one year.

At the conclusion of the president's address the society adjourned.

ON THE HYPODERMIC USE OF MORPHIA IN DISEASES OF THE HEART AND GREAT VESSELS.—In an article on this subject Dr. T. Clifford Allbott says: "I use the hydrochlorate of morphia in doses varying from one-tenth to one-third of a grain; I seldom use half a grain, except in such a case as intense pain from angina or intrathoracic tumor. I always begin with one-eighth or one-sixth; and in ordinary cases I find a quarter of a grain the proper dose—in a case say of mitral regurgitation with pulmonary congestion in an otherwise healthy adult. The dose is best given in an evening, and should always be followed by perfect quiet in the room. This last is an important element in all cases of injection of morphia. The urine should be examined, and the drug withheld or given with caution if albumen be found. I think, however, there need be no great fear of it during albuminuria only secondary to the heart disease, unless there be reason to suppose that excessive renal congestion be present and head symptoms at hand. As regards the class of cases in which the morphia is useful, it gives the most striking relief in angina with diseased coronary arteries, etc., in neuralgic distress from intrathoracic tumor, and in mitral regurgitation. It is very valuable also in small doses in so-called "irritable heart," whether this be due to weakness of the organ or instability of its nerves. It is less useful in diseases of the aortic valves, and, I think, it is less valuable in mitral obstruction than in mitral regurgitation. In aortic disease, however, where the heart is big and pumping, it gives much ease.—*Practitioner.*

DIGITALIS AS A STIMULANT IN HEART DISEASE.—Blair D. Taylor, M. D., one of the physicians of Bellevue Hospital, New York, calls

attention to the use of digitalis as a stimulant to the heart, when, by reason of disease, it has become too feeble to send the blood into the radial artery. In a case of this sort, which he reports at length, the tincture of digitalis, administered in large and quickly-repeated doses, restored power and regularity to the heart almost instantaneously. Dr. T. claims that the tincture of digitalis, in doses of one-half to one drachm, exerts both powerful and immediate *stimulant* effects on the enfeebled heart, and becomes a valuable agent where sudden death is threatened in heart disease.—*New York Medical Journal*.

CROTON OIL IN SCARLATINAL DROPSY.—Dr. Liddell states that for the last twenty years, in case of dropsy occurring as a sequel of scarlet fever, he has invariably given croton oil, in doses varying from one-eighth to a quarter of a drop, rubbed up with a little mucilage, syrup, and water. This dose is given every morning, and repeated every two hours, until free purgation is produced, and with results highly satisfactory, every case so treated having terminated in rapid and lasting recovery; and in some, after other treatment had failed. In fact, it is astonishing, he observes, how quickly the dropsical symptoms subside, whilst the patients are not debilitated by the purgation.—*British Medical Journal*, August 13, 1870.

SNUFF-TAKING AS A PREVENTIVE FOR BRONCHITIS AND CONSUMPTION.—At the late meeting of the British Medical Association, at Newcastle, Dr. J. C. Murray read a paper on this subject, in which he maintained that those who habitually took snuff rarely or never died from consumption. He also stated that several cases had come under his own immediate notice, in which phthisical symptoms had been removed after free snuff-taking had been resorted to. He was of opinion that snuff-taking is, in some degree, a preventive of consumption and its frequent concomitant, bronchitis, in virtue, perhaps, of its derivative quasi-counterirritant action. The way to cure a cold, according to Dr. Murray, is to have recourse to snuff-taking at once.—*London Practitioner* for September, 1870.





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ORIGINAL COMMUNICATIONS.

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CHLOROFORM IN THE TREATMENT OF INFANTILE  
CONVULSIONS.

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By **WILSON HOBBS, M. D.,** Carthage, Ind.

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There is scarcely any occurrence which produces so much consternation and alarm among the household, as the advent of an attack of convulsions. While observation has shown that the danger which attends these cases can in no wise be measured by the degree of terror and apprehension which they cause, they are by no means destitute of danger, and for the sake of the family as well as of the patient, they demand the promptest use of our greatest skill.

The convulsion itself, unassociated with the pathological conditions which produce it, the injuries it may occasion in the nervous centres, or other accident which may result from it, is of but slight importance. It is but a method of escape of an excess of innervation, which is put up in the citadel of life. The duration is usually but momentary, and it is followed by a period of rest and quiet. The great danger lies in the injury which the cerebro-spinal axis may sustain from the accompanying disturbances in the circulation of the blood, whereby idiopathic or sympathetic convulsions may be converted into symptomatic or other evidences of organic lesions of the nervous system.

These dangers are greatly increased by the violence and the recurrence of the paroxysms. For this reason the eclampsia of children

as elsewhere, in all its forms and grades of violence, demands the most immediate and careful attention of the physician, that not an attack may occur which by any possibility can be prevented. By a lack of our diligence and good judgment, an affection which in itself is of but little importance, may soon be followed by death, or what is worse, entail a life of impotence and imbecility.

While I cannot, within the limits which your JOURNAL will assign me, discuss the etiology, pathology, etc., of infantile convulsions in detail, it is important to my purpose that I should say that there are two important elements in the production of these affections, viz.: a state of hyper-irritability and impressibility of the nervous centres; and the action of an irritant upon these centres, either by direct contact with them, by an impression transmitted to them but made elsewhere. Should either of these conditions be wanting the disease will not appear.

These considerations make the primary indications to be fulfilled by treatment very distinct, viz.: the removal of either or both the causes which may have produced the disease. If we sufficiently reduce the irritability of the spinal axis, or remove the irritant which is disturbing it, we shall so soon cure the patient, so far as the convulsions are concerned. If the irritant be an imprisoned tooth pressing upon a tender gum, scarify the gum; if a pin goading the flesh, remove it; if indigestible food in the stomach, give an emetic; if impacted feces fill the rectum, dislodge them. In all such cases the patient will be cured at once. But in a very large portion of the cases which come before us, the determination of the cause, or the means of its removal are not thus certain and immediate.

When the cause is a local or constitutional disease, much time may be required to get it attached to this treatment. Nothing I have noticed of the practice of others, makes any near approach to that which observation has satisfied me as to the real uses of chloroform in these affections.

In chloroform we have an agent with which we can speedily and safely bridle the wild and furious nervous centres, and guide them at our will. It obtunds their irritability, and thereby for a time removes the *essential* cause of convulsions; it suspends the conductivity of the spinal nerves, and thus quiets the operation of transmitted irritations; it relaxes the muscles, and thus dissolves the spasm.

#### CASES.

CASE I. In September, 1856, I was called to see a babe but three weeks old, which for five or six hours had been having eclampsia.

The convulsions at first recurred about every thirty minutes, but the periods of rest continually grew shorter, so that upon my arrival the movements were without interval, and had so been for nearly an hour. The attack was evidently produced by intestinal irritation. The child had been weaned, and the new aliment did not "agree with it." I wrought such changes upon the established usages as seemed proper, but the convulsive movements continued unabated. The little sufferer became almost exhausted; the pulse countless; the face cadaverous; the eyes wide open and averted; jerking synchronously with the now feeble spasm of the muscles of the face and extremities. I had never heard of the use of chloroform in a patient of this age, or for such a case, but I was forcibly impressed with its properties as being what was then most needed, and as all other means had failed, and the little sufferer was almost in the grasp of death, I determined to try it. The worst it could do would be to kill, and it would thus only make what appeared to be certain death, more easy. So I gave it carefully, by inhalation, upon a handkerchief. The convulsive movements gradually became lighter and less distinct, until about two minutes after the inhalation was commenced, when they entirely disappeared; the eyes assumed the usual axis and then closed as in natural slumber. Complete anæsthesia had occurred. The babe awoke an hour or two afterward, refreshed from the sleep. I gave a Dover powder and ordered it followed in a few hours by a dose of castor oil. The convulsions did not return, and the patient was well in a few days, and is yet living.

CASE II. A short time after this first case occurred, I was called upon to counsel a physician from a neighboring town, who had a similar case in a little boy almost twelve months old. The doctor had spent his skill upon the usual round of means, to little purpose. Of course I suggested the administration of chloroform, but he had not before heard of its use in such cases, and I had tried it but once. He regarded it so much as an experiment that he declined taking any responsibility in the case. He consented, however, that I should use it upon my promise to bear the consequences. This I reluctantly did, with many unexpressed thanks to him who offered me the favor. I gave the chloroform as before, and with equally happy results. The convulsions did not return.

CASE III. At 8 o'clock, P. M., as my little patient, about two years old, was playing upon the bed, he fell head foremost, striking the uncovered floor upon the frontal protuberance, producing considerable contusion. About an hour afterward he was seized with convulsions, which continued to recur with short intervals until my

arrival, at 10 o'clock, P. M. I found the countenance cadaverous, the whole body dripping with cold sweat; the pupils dilated; the eyes wide open, a little bloody; froth between the lips; the convulsive movements and the general appearance of the patient denoting great exhaustion. I immediately administered chloroform by inhalation, and in less than three minutes the convulsive movements entirely disappeared; the natural and healthy color and expression was restored to the face; the eyes were closed and all signs of the frightful hour which had been passed had vanished. About an hour afterward he awakened apparently well, but as a precautionary measure took a dover powder. After this he slept well until morning, when he arose at his usual time, and remained through the day as though nothing out of place had occurred.

CASE IV. This patient was a little boy ten months old. He had been some days under the care of a neighboring physician, and had been having convulsions at short intervals for three or four days. I was called at 5 o'clock, A. M., and found him in feeble convulsions. Was informed that there had been no cessation for twelve hours. The attending physician had abandoned the case as hopeless, and directed the parents of the child to call another doctor if they desired a further trial of remedies, as he was done. After waiting all night for the child to die, and finding it still alive, I was called in. Inquiry soon satisfied me that the case was one of infantile remitting fever, and that the convulsions were sympathetic. I need not describe the deathly aspect of the little sufferer after such a night of peril. I immediately administered chloroform by inhalation, as in the cases before reported. In less than five minutes the whole aspect of the case was wonderfully changed. The pulse was greatly improved; all convulsive movements had ceased; a more natural color and expression had returned to the face; the eyes closed and the almost exhausted babe was sweetly resting in refreshing slumber. This case was more like raising the dead body to life than anything else I have ever beheld. The convulsions did not return during that illness, and under treatment directed solely to the pathological condition which was supposed to be the cause of the convulsions, he convalesced in a few days. Since then this child has often been sick, and as often has had eclampsia, but in no attack has it followed the use of chloroform.

CASE V. This was a little girl fifteen months old. I was called at 12 o'clock, midnight. She had had ten convulsions since 10:30, P. M. At my arrival she was resting from a seizure which had passed off fifteen minutes before. While I was arriving at the conclusion that



an attack of dysentery was the cause of the mischief she awakened, and seemed perfectly conscious of what was passing about her. As a part of my treatment I directed bromide of potassium, and injections of starch and sulph. mor. After being ready to start home I waited half an hour, hoping that another paroxysm of convulsions would then occur if at all, but did not appear during my stay. I then drove quickly toward home, but had not proceeded more than a mile before a messenger called me to return. Soon after I left the room the convulsions seized her the third time, and after a short interval the fourth attack came just as I reentered the chamber. Chloroform was immediately exhibited to full anæsthesia, and the terror-stricken parents were assured that baby would have no more fits during that attack of illness. My confidence in the remedy was not misplaced; the prediction proved true. The patient remained several days under treatment for the intestinal disease, but no symptoms of eclampsia afterward appeared.

I present these five cases, selected from my practice since 1856, when I began the use of chloroform in infantile convulsions, as examples of the value of this drug as an anti-convulsive. Were I to present every case of this disease which during this time has come before me, they would uniformly corroborate the proposition that in the idiopathic and sympathetic convulsions of children, chloroform, when administered to complete anæsthesia during the paroxysm, will stop the then present fit, and for sometime prevent the occurrence of others. I desire to call especial attention to the fact that in the large number of such cases in which I have thus used chloroform during the last fourteen years, *I have not seen one in which the convulsions returned in that attack of illness.* But I have never neglected co-operative treatment. In addition to that which may be necessary for the removal of the cause of convulsions, I have generally used some of the preparations of opium; more recently the bromides, to hold the irritability of the nervous centres in check. Until the dispersive and prophylactic power of chloroform is more fully demonstrated by further observation, this plan is certainly the safer cure.

In symptomatic convulsions we need not expect much advantage from this remedy. The only good it can do in them so far as I am informed, is to disperse or moderate the paroxysms if they be violent and threaten immediate danger to life. It cannot cure the lesions of the nervous system which has produced and which will reproduce them. I have used it in one case of cerebro-spinal meningitis, one of traumatic tetanus, one of cerebral meningitis with effu-

sion, and one of pertussis, in which there was spinal meningitis. The results in these several cases were uniform. The convulsive movements were dispersed as in those before reported, but returned with their original characters when the anæsthesia had passed away.

These observations have suggested the question to my mind whether chloroform may not be, in certain cases, a valuable means of diagnosis between convulsions arising from organic lesions of the nervous system, and those produced from other causes. If it be true, which I believe so far as it is right for me to believe anything in medicine from so few observations, that chloroform will immediately *cure* idiopathic and sympathetic convulsions, but that the symptomatic it will temporarily disperse, then the recurring of the paroxysm after the recovery of the patient from the anæsthesia will certainly diagnosticate organic lesion of the nervous centres. I have so used it in a few cases, and their subsequent history has proven the conclusion derived from its administration, correct. As at present informed, should convulsions follow the chloroform when used to complete anæsthesia as before advised, I should base an unfavorable prognosis upon the fact, *even should that be the only cause of uneasiness*.

How does chloroform prevent the recurrence of the paroxysm? Waiving criticism upon an attempt to explain a fact not more fully proved, I will say that the answer is easy and quite as philosophical as the essential cause assigned to them by the French writers: "The cause of convulsions," says Morgagni, "consists in an invisible change which has occurred in the brain and nerves." Trousseau says it is a peculiar molecular alteration of the nervous matter. May we not conclude, if my proposition be correct, that chloroform restores the nervous matter to its normal state, and thus cures the disease by removing the essential cause? If this be not the true answer, we may again conceive that the remedy so reduces the irritability of the nervous centres, and obtunds their action, that they do not recover an excess, and assisted by the other means of cure, removes the exciting cause.

The use of chloroform has thus far been spoken of only in the fit. I have not myself used it in the interval, nor have I seen it recommended thus. Whether administered at that time the same results would follow, I do not know. Neither am I informed whether these good effects can be obtained by other modes of administration. I propose hereafter to direct observations particularly to these inquiries.

In these cases I have always administered the chloroform upon a linen handkerchief until the eyes are closed. At this period all con-

vulsive movements will usually cease. The strength of the vapor should be reduced and this degree of anæsthesia maintained from three to five minutes, so as to deepen the impression upon the nervous system. So far as I am informed there need be no fear of danger when thus carefully administered. Observation has satisfied me that children bear chloroform better than adults. I have seen no death under twelve years of age reported.

Since the introduction of hydrate of chloral into the list of our means of cure, I have thought it probable that in this drug we may have a still more important agent in the treatment of this disease. Its observed effects so nearly resemble those of chloroform that we are near the conclusion that they are identical, the only difference observed depending upon the rate of access of the two agents into the blood. The more protracted effect of the chloral sleep, and its more safe and easy administration, point to it as a very valuable agent in cases of threatened convulsions, and I have little doubt that by its judicious use in such cases, as well as in such as where the convulsions have appeared, very desirable results may be attained. But I have no information upon this subject obtained from trial either by myself or others.

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## ON THE TREATMENT OF DIPHTHERIA.

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**Read before the North-Eastern Medical Society, by J. M. GILBERT, M. D.**

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There is probably no disease of which the constitutional treatment is more uniform. It is one of the very few diseases for which there seems to be a settled plan of treatment with the particular medicines pointed out; and yet it is never claimed that these medicines exert a specific influence upon the disease. The great majority of practitioners admit that quinine and chlorate of potassa must head the list of medicines employed. It is true that some claim much more for these medicines than others; yet we do not remember an author or practitioner who ignores them. The fact that it is a disease when fatal, is so with rare exceptions, from exhaustion, calls loudly for quinine, the great supporter in asthenic diseases. Very often the local manifestations of the disease in the fauces and air passages, impedes respiration so as to interfere with the decarbonization of the blood.

The prospect of death from suffocation is suggestive of the chlorate of potassa and it is given with the hope of anticipating this danger. We may be unwilling to accord this property to the chlo-

rate of potassa, when given in large doses. As breathing becomes labored we frequently see its beneficial effect upon respiration, and the patient calls for "that breathing medicine." Even those practical men who disdain theory, give the chlorate of potassa and thus tacitly acknowledge what they pretend to deny. It is therefore a supporting remedy, and when given with any other object than that of supporting the system it is empirical practice. It ranks with quinia, iron, beef tea, milk and stimulants, as a supporting measure, each in its own way coming to the aid of the flagging powers of the system, struggling for ascendancy over the destroying agent, whatever that may be. In the present state of our knowledge we have no remedy for which we can claim any specific influence over the morbid agent in diphtheria. We give our supporting remedies, and with fomentations promote exfoliation of the false membrane, and patiently await the result.

There are many practitioners who have a superabundant faith in the adequacy of medicine to control diphtheria. They are unwilling to confess their inability to cut short the disease and begin to apply *their* remedies. With swabs and gargles they seek to cure what is not the disease but merely a pathognomonic symptom.

We have a condition of the blood which has a two-fold tendency, viz.: to exhaust nerve force and the formation of false membrane. The pseudomembranous formation is preserved by determination of blood, conveying the morbid principle to the delicate tissue which is to be the seat of the local manifestation of the disease. Now, if the local deposit or exudation is preceded, as it must be, by irritation or congestion, does it not follow that anything which interferes with the rest of the affected part, but aggravates the local symptoms, and enhances the rapidity of the formation of false membrane in proportion to the amount of irritation incurred? In all inflammation the leading principle of treatment is rest; and all we can hope from local measures, even in purely local inflammation, is exfoliation. Who has not experienced that inflammation of the conjunctiva, or of a similar membrane, from external injury, for instance, will subside almost if not quite as promptly by securing rest and quiet for the part, as by tampering with local applications? If this is true of local inflammations resulting from external causes, what can we hope from local treatment of an inflammation which is the result of internal causes and merely a symptom of a constitutional disease? If we make the application with a view to combat local inflammation, it seems to me that the chances always are that we aggravate it, and thus favor the increase of the diphther-



itic exudation. And, if the application be made with another view than that of combatting local inflammation, for instance, as some claim, "to change the character of the affection in the fauces," it is certainly a useless measure; for the disease is a constitutional one, and it will no more change the character of the disease by changing what we see in the fauces than it will change the character of a body of salt water, to remove the salt from the stream which flows out of it. As well change the character of the expectoration in pulmonary tuberculosis; for, as already stated, it is not a disease of the fauces, *per se*, but a deposit upon the mucus membrane of this region, which can only be removed by exfoliation. This is accomplished by the *vis medicatrix natura*, which we may assist but cannot supplant. Whatever application we may make to the local deposit is moreover attended with much difficulty. The struggles of the little patient very often are such as to warrant the judicious and humane practitioner to desist from a measure of doubtful utility. We have seen actual force resorted to, to compel a child to submit to the application of a corrosive remedy resulting in mingled pain and terror. A second application would be resisted with such determination and violence as to produce dangerous exhaustion, and yet the local remedy of questionable utility is repeated again and again; sometimes by the physician, but oftener by an unskilled and ignorant nurse. Is it not time that we should ask: Does it do any good? or is not the good we sometimes think we see result from these heroic measures, more than balanced by the harm?

We would not abandon local treatment of diphtheria because of the pain and difficulty of its administration; nor yet upon merely theoretical grounds, were the results of clinical experience in favor of local combined with constitutional treatment, as against constitutional treatment alone. As yet I cannot furnish you with statistics sufficiently extensive, comparing the clinical results of the methods of treatment to which I have referred. For myself I am free to confess that I have always respected local treatment in connection with constitutional; at first from theoretical grounds and afterwards because clinical observation and the experience of others confirmed my first views. I have treated diphtheria, I may say extensively. My success has been such as to warrant me in continuing upon the plan marked out in the commencement of this essay, *viz.*: a simple supporting course of treatment, uncomplicated with local measures other than soothing or palliating drinks and external fomentations, with a view to promote exfoliation of the false membrane. I would



omit cathartics, except in cases of albuminuria, when they should be given to avert uræmia, but with great caution, as this is a very rare result of the albuminaria in diphtheria.

It has often been a question with me at the bedside, whether the extensive formation of false membrane in the fauces and air passages which sometimes occurs to such an extent as to cause death from apnœa or to render respiration so difficult as to be very exhausting, from the physical effort required for its performance, whether the location of the deposit could not be anticipated. I have observed that in those cases where an excoriated portion of skin or a wound, is the seat of the pseudo-membranous formation, the mucous membrane is very often exempt from any semblance of the local symptom. I was called, August 18, 1870, to see a son of Mr. K., a lad of eleven years. It was a plain case of diphtheria. The pseudo-membranous formation in the fauces had progressed to an unusual extent. At my second visit on the succeeding day, my attention was directed to his younger brother. He had all the constitutional symptoms of the elder son, except that they were more aggravated. He did not complain of his throat, nor did I find any manifestation of disease there upon examination. It was found, however, that an abrasion upon the buttocks, which had existed for some days, and a similar one upon the leg, was now covered with the characteristic pseudo-membranous formation of diphtheria, and as a matter of course, I did not hesitate to pronounce this also a case of diphtheria. In this case, as in several others that came under my observation, the mucous membrane did not become involved during the entire course of the disease. I have never observed the complete transposition of the seat of the exudation, except in cases where an abrasion or wound of the skin pre-existed. Would it not be worth a trial, therefore, to practice a slight solution of continuity of the skin, in some convenient region, in persons who we have reason to fear, have been particularly exposed to the epidemic influences of diphtheria, as in cases where whole families and even neighbors are suffering? Such practice could not be productive of harm; and if my observation, that it will limit the deposit in a more dangerous situation—any portion of the mucous membrane—is correct, it will often be the means of saving life.

I have no doubt that some of the learned gentlemen of this Association, will consider this a visionary suggestion. I hope, however, that all present will treat it with sufficient charity to make a careful comparison of the disease, as we find it manifested upon the mucous membrane, and those exceptional cases in which the faucial exuda-

tion is preceded by its occurrence elsewhere; and it is possible that extended observation will warrant a trial of what I have ventured to point out.

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## TETANUS.

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**By W. W. SLAUGHTER, M. D., Newburgh,**

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Having read in your December number, a paper from Dr. Bigelow on tetanus, I thought the time opportune to give a case which occurred on December 20, 1870. The subject was an esteemed fellow practitioner, Dr. John R. Tillman, who is 43 years old, the nervous temperament predominating. He is a cripple from morbus coxarius, with which he suffered in 1862. The disease originated from the pain and irritation of a carbunculous affection on the second finger of the left hand, which passed through the suppurative stage, the various openings from which the matter issued, being filled with tough, fibrinous cores. On the the morning of the day in question, the Doctor had picked out, with a pin, several of them, which gave him so much pain he desisted before they were all out; yet he was not so much disturbed by it, but that he was able to ride and see a patient that morning. He suffered, however, a great deal of pain with his hand until about 4 o'clock in the evening, when he was seized with tetanic spasms. Comprehending at once the nature of his situation, he directed his wife and the attendant neighbors, who in the excitement had rushed in, to administer chloroform, which he took by inhalation, until his medical friend could be called. When I arrived he was having spasms at very regular intervals, which affected the whole muscular system, the facial muscles being drawn so as to produce a ghastly grinning, the teeth grating upon each other so violently as to endanger their integrity. Between the spasms his mind was clear, when not clouded by the remedy, which acted beautifully, producing relaxation in a few inspirations when given. I arrived after most of the medical attendants, who had, in conformity to the Doctor's emphatic, and often repeated request, given him nothing but chloroform. Having seen good effect from the local application of hydrate of chloral, I suggested and prevailed on the Doctor to let us apply it to the hand, which made him complain of severe smarting in the ulcerated surface, when we removed it to the back of the hand, off of the ulceration, so as to cut off the irrita-

tion by deadening the sensibility between the affected part and the body; but we relied on the inhalation of the chloroform. On noting the time, we found the spasm to occur every two minutes and forty seconds. Taking advantage of the fact, we were enabled to give the chloroform so as to anticipate them, rendering them less severe and protracted, until finally, after about three hours, they ceased altogether, and he had a good recovery—being confined only a week to his room. What effect the chloral had in the result, whether any, I can not say; but am inclined to think it did some good, though I believe he would have recovered without it. The suggestion for its use was based both on theoretical and practical ground, having found by experience that it is the best of local anæsthetics.

As an incident of the occasion I must not forget to state that the Doctor, between the paroxysms, exhorted us to give him nothing but chloroform. Knowing how prompt people were, when urged by great solicitude, to do too much, he feared we might yield to colateral aid, to the neglect of the main remedy, and then fail to secure its most efficient action. I do not think in twenty years practice and observation I ever saw a man confront the grim monster with more imperturbable fortitude—his hope, self possession and courage contributed, doubtless, greatly to the favorable result.

Dr. Tillman's was the second case we had in our village in the past year. The first was that of a German boy about ten years of age, produced by running a nail in the foot. The treatment was chloroform and morphine, the wound was opened to the bottom by incision, and the matter evacuated, though chloral was not used locally. The case was not seen by a physician until the boy had suffered some fifteen hours with the disease.

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## CLINICS.

*BEFORE THE CLASS OF THE INDIANA MEDICAL COLLEGE.*

*Reported by J. T. McShane.*

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### EYE AND EAR.

**By C. E. WRIGHT, M. D., Indianapolis, Ind.**

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**HERPES CORNEÆ.** John S., aged eleven years, has for some years past been troubled every winter with herpes, affecting the cornea and conjunctiva. He has also been afflicted with enlargement of



glands, and has that peculiar diathesis known as scrofulous. There are some members of the medical profession, now-a-days, who deny the existence of such a diathesis. But, gentlemen, there certainly is a condition of system in some individuals, which predisposes the possessors to particular diseases affecting the glandular apparatus and organs of special sense. You will notice upon the right eye several well-marked phlyctenulæ or vesicles. The vessels of the conjunctiva and sub-conjunctival tissue are enlarged and send prolongations to each of the vesicles upon the cornea. The normal cornea, as you know, has no bloodvessels, but in this and in other diseases affecting this structure, vessels of new formation are seen upon its surface. Some of the vesicles in this case have burst and have become small superficial ulcers, while others are seen still filled with a milky fluid. There is in this disease pain and great photophobia or sensitiveness to light, and if the eyes are exposed, even to a feeble light, there is always a gush of hot, scalding tears. The peripheral fibres of the orbicularis muscles are spasmodically contracted, so that the patient will often complain of feeling tired "in the eyelids;" the eyebrows lowered and the cheeks drawn upward to lessen the intensity of the light, and even the hand or the forearm placed over the eyebrows to make it still darker. I have heretofore called your attention to the discharge from the nose, which frequently accompanies this trouble.

The prognosis is generally favorable, and you may assure the parents of these little patients that the opacity, which sometimes remains after inflammation has subsided, will gradually clear up, and in time be entirely removed.

The treatment in these cases is to avoid the use of caustic, blood-letting and depleting medicines, and to employ tonics, iron, codliver oil, and good diet. The local treatment is, during the acute stage, to keep the eyes protected from the light. Pressure upon the eyes affords some relief, and this together with shading the eye, may be accomplished by using the compress bandage. The compress will also lessen the tiresome spasm of the orbicular muscle. The solution of atropia must be used in this as in all acute diseases of the cornea. It affords relief not only by acting as a local anaesthetic, but by paralyzing accommodation lessens the degree of intra-ocular tension and allows the structure to regain its normal nutrition. Calomel or weak ointment of the yellow or red oxides of mercury, may be applied and will sometimes do excellent service. The eyes should be frequently bathed with tepid water, and the eyelids anointed with lard or castor oil, before retiring, to prevent the discharge matting together the lashes during sleep.

PURULENT AURAL CATARRH WITH ECZEMA OF THE AURICLE.—Isaac H., aged nine years, had scarlatina, five years ago, and since that time has been troubled with a purulent discharge from the right ear, which has, as you see, given rise to an eczematous eruption upon the pinna and cheek. The glands below the ear are swollen but this condition and eczema, are complications of the more serious trouble within the middle ear.

Gentlemen, we frequently meet with cases of this malady in which the patients have been counselled by physicians, to undergo no treatment because it was a matter of no importance. A discharge from the ear, no matter where it comes from, is always of great importance to the patient, affecting not only his happiness, but also his prospect of longevity, and the sooner it is stopped the better. And we may easily see how this disease may prove fatal when we remember the liability of the temporal bone to become carious. The carotid artery, jugular vein, lateral sinus, facial nerve, labyrinth, cerebrum, cerebellum, have in some cases been secondarily involved, and death has resulted, though "nothing more than a discharge from the ear" has been the cause.

By employing Politzer's method of inflating the tympanum, we hear air whistling through the ear, and by examining the membrana tympani, we find a double perforation. Two perforations of the membrane are seldom seen, I have only observed two cases previous to this in which such a condition existed.

Scarlatina plays an important part in the production of this disease, and in a number of cases at our State institution for the deaf and dumb which, through the kindness of Dr. Newcomer, I examined, nearly all resulted from scarlet fever.

This patient is taking tincture of iron, and we shall order a solution of twenty grains of tannin to one ounce of glycerine, to be applied to the eruptions and dropped into the ear twice a day, and allowed to remain about half an hour while the patient lies down on the left side. Cleanliness is also to be observed. The discharge should not be allowed to remain upon the excoriated surface, but should be removed by wiping with cotton. The ears should be syringed about three times a week; or if the flow is very profuse, once a day. Inflating the ears should be also practiced. This treatment should be carried on at home, but as he is directed to come before us once a week we may then apply other astringents by Politzer's method, inflating the ear while the meatus is filled with a solution of alum or zinc.



**NASAL CATARRH WITH PURULENT AURAL CATARRH.**—Mr. C., aged thirty years, comes before us, to-day, to show us not only what disease is, but that one malady may be mistaken for another, and entirely different treatment be instituted from that which is demanded. He states that for the past five years he has been treated for consumption, but he does not present that degree of emaciation which we would naturally expect to find were this diagnosis correct; his pulse ranges from seventy-five to eighty; his body heat is about normal; his appetite is good; he has never had hemorrhage from the lungs, though after each of his frequent nose-bleedings he ejects from the throat coagula of blood. Percussion and auscultation reveal no trouble of the lung tissue; the air enters all parts of the lungs; but there is evidently bronchitis and laryngitis. There is a greenish yellow discharge frequently stained with blood, from the nostrils, and he occasionally expels from the nose masses of hardened secretion. The right nostril frequently feels "stopped up," especially in damp weather. By reflecting light into the right nostril, we observe a jelly-like mass, much resembling an oyster, near the posterior nares and coming from above, nearly filling the cavity. This is a gelatinous polypus. The mucous lining of the nose is reddened and partially covered with mucus and brown crusts. The pharynx is inflamed and the follicles enlarged. The trouble has not only involved the pharynx, but has extended along the eustachian tube to the right ear and excited a purulent catarrh of the tympanum. This latter condition has existed for about six months. The inflammation within the ear has caused him to apply to us for relief. Sometimes the ear apparently recovers, the discharge ceases, but with its cessation there comes a most annoying *tinnitus aurium*, which he likens to the "buzz of a mill." The watch which is heard by a normal ear at a distance of about five feet, is heard only when pressed upon the mastoid process. A vibrating tuning-fork placed upon the vertex is heard better with the diseased ear. Air is plainly heard passing, with a bubbling sound, into the tympanum through the catheter. After catheterization and syringing he hears the watch two and a half inches from the ear.

There is, then, in this case, nasal catarrh with polypus, purulent otitis media, and catarrh of the pulmonary mucous membrane.

The treatment we shall adopt will be first to remove the polypus, either with forceps or with the wire snare; then the use of the nasal douche, with half an ounce of muriate of ammonia to a quart of warm water, and spray apparatus with Calvert's solution of carbolic acid, and tincture of iodine; (one drachm each to eight ounces of water,)

to be applied to the nasal mucous membrane twice a week. The patient being directed to cleanse the nose every morning by "snuffing" warm salt water into the nostrils. We will employ the eustachian catheter during his semi-weekly visits to the dispensary, and direct the following prescription :

R Nitrate of silver.....grs. vi.  
Distilled water.....℥ii.

The ear to be filled with the solution at bed-time, and allowed to remain half an hour.

Should this cause much pain the ear is to be syringed with warm salt water.

Internally the patient is directed to take iodide of potassium in compound tincture of cinchona; as good diet as possible: and to keep the feet and chest, in particular, warmly clad.

He has been in the habit of wetting his hair every morning. This practice we will forbid as it undoubtedly causes increased congestion of the membrane lining the nose and ear and renders the patient more liable to "catch cold." Although he has frequently spoken of the condition of his nose to the attending physician, nothing was done for its relief and no attention has been given it.

**PTERYGIUM TENUE.**—James S., aged thirty years, first noticed a "skin," as he calls it, growing upon the left eye, three years ago. This is the membranous form of pterygium, and extends from the lachrymal caruncle to the junction of the cornea with the sclerotic, where it ends in a slightly elevated and rounded point.

Another form, termed pterygium crassum, looks like a piece of flesh or muscle.

This man complains of an itching and smarting of the eye on exposure to cold wind or dust. He also wishes to get rid of the growth on account of its unsightly appearance, and because he is afraid it will injure his sight. This it may do by advancing upon the cornea to near the center, where it usually ends; but it may, as in one case in my practice, involve the whole of the cornea, excepting that part convexed by the upper lid.

Pterygium is generally found in adults, seldom in children. It is most commonly found over the inner rectus muscle, but may follow the course of any of the recti. It is usually single; but in two brothers coming to me from Kentucky, there were two of the fleshy variety affecting both eyes of each.

A number of operations—excision, transplantation, ligation, etc.,—have been proposed for the cure of this trouble, but after any of them there is great likelihood of its return. For this case we will direct wine of opium to be applied to the growth every other day. This astringent is to be applied with a small brush, and is intended to arrest the further growth of the pterygium, and, if possible, to accomplish its removal.

## GLEANINGS FROM FOREIGN JOURNALS.

Translated by GUIDO BELL, M. D., of Indianapolis.

IN a case of chronic Bright's disease, in connection with chronic ulcers on the leg, after other treatment had failed, Dr. Lessdorf instituted a milk diet of three pints a day, increasing to five. Five weeks after, no change being observed, warm baths were ordered of 86°; milk-diet continued. Urine and perspiration increased and richer food was required. The patient used chalybeate water and baths and recovered. Dr. Lessdorf says: "Cow's milk is the most digestible food in chronic inflammation; it does not hurt the inflamed organ. Diuretics and irritating food must be avoided in Bright's disease."—*Memorab.*

DR. STIEMER says: The muriate of quinine acts as surely and quickly in small-pox as intermittent fever and makes vaccination useless. In the stage of eruption three grains are to be given every two hours: the fever and even the pustules disappear slowly from the tenth or twelfth hour. At a later stage restoration needs from three to five days.—*Berlin Allgem. Centr. Zeitg.*

PROF. V. BRUNS dresses wounds with cotton boiled for one hour in a solution of soda of four to five per cent. strength. Coarse gauze is used to cover the wound.—*Memorab.*

CHLORATE OF POTASSA AND OPIUM IN ABORTION.—According to Simpson, abortion of anæmic females is caused by want of oxygen. Dr. Trader gave in a case where six pregnancies were interrupted in the fifth month. Chlorate of potassa two drachms, syrup opii half ounce to four ounces of water, every three or four hours a teaspoonful. Success; pure opium had failed before.—*Allgem Med. Centr. Zeitg.*

Dr. TRYSS says: The gout is not so unfrequent among poor people as is generally believed, and recommends the iodide of potassium one drachm to six ounces of water; a tablespoonful three times a day. He had complete success.—*Memorab.*

Dr. HOPPE mentions a case where palpitation of the heart, asthma, gastric vertigo, chronic constipation lasting many years, were caused by too tight pantaloons. Indeed, he is right in recommending pantaloons high up to the chest, and with the old-fashioned flaps—*Memorab.*

The catheterization of the womb, whether the membranes are intact or not, is recommended to produce good labor-pains.—*Wien Med. Presse.*

ON THE ADMINISTRATION OF CLYSTERS FOR BABIES.—Dr. Pallack injected starch-water, reaching the cæcal valve. Two to four ounces were sufficient; no more could be retained; no pressure could bring it higher, even in corpses. The experiments were made on dead and living babies. Abnormal pressure and peristaltic action can be subdued by slowly increasing force, or when the baby is nursing or sleeping.

1. Water-injection with oil for dilating and exciting peristaltic action.

2. Camomile-tea injections have a calming effect.

3. Injections of boiled starch are emollient in intestinal catarrh and cholera infantum.

4. Injections of alum, (three or four grains,) or of nitrate of silver, (half grain,) are astringent and coagulating in follicular enteritis. The quantity is half to one ounce.

5. Injections of vinegar and water, (equal parts) irritate and increase secretion and peristaltic action in hyperæmia of the brain when the bowels are not troubled.

6. Opium added to alum or nitrate of silver, (one drop of the German tincture,) decreases peristaltic action; it must be retained at least a quarter of an hour. Recommendable in intestinal catarrh, follicular enteritis and cholera infantum.

7. Milk injections had no effect.

The colon being a reservoir by the closure of the cæcal valve and having no other digestive power than saccharification, cannot be a recommendable way for feeding. [TRANSLATOR.]—*Memorab.*

IN experiments on the transmissibility of tuberculosis, Prof. Klebs had the following results :

1. The tubercle-virus is soluble in water,; the precipitate obtained by alcohol is the poisonous matter. When injected in the abdominal cavity miliary tubercles are propagated by the lymphatic glands.

2. Tubercles can be transferred by feeding poisoned meat among cows, other animals and men. The first symptoms are tuberculous ulcers of the bowels, which are not seen after poisoning by vaccination. Tuberculosis of the intestinal and mesenteric glands is not followed by ulcers.

3. Tubercenlosis of cattle is identical with that of men.

4. The German Perlseucht, (fibrous tubercle) has the same origin as the human tuberculosis.

These facts seem to have some interest in investigating the nature of tuberculous phthisis.—*Virchow's Archiv.*

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## EDITORIAL.

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PORTRAIT OF DR. J. S. BOBBS.—The faculty of the Indiana Medical College, has caused a very creditable life-size portrait of the late Prof. Bobbs, to be painted for the faculty room, by Mr. John B. Hill. The picture is executed in oil colors and framed in black walnut, with a tasteful border of gilding.

As a portrait we look upon it as the most life-like we have seen from the easel of any artist in the West, the coloring being worked in with great care and toned down to the peculiar complexion that characterized the original, which was free from any of the deep-flowed flesh tints.

The character of Dr. Bobbs is happily expressed in the painting of the face, showing the sensitiveness, yet firmness, that so marked him. Two hundred years from now, should this picture be preserved, it will show for itself the nature of the man, should all history else be forgotten, just as the old portraits by Van Dyke, Titian or Rembrandt, which come down to us after being mellowed in their coloring by the influence of centuries, yet bearing most strikingly the characteristics of those noble old gentlemen, dames and scholars delineated by these masters.



We are glad the faculty have begun this work in the right way, and had a painting instead of a photographic daub to commemorate one who took the lead in organizing the college, and remembered it so handsomely in his will.

While we are mentioning this subject, it reminds us that the Indianapolis Academy of Medicine began, a few years ago, to collect the portraits of the eminent deceased physicians of this city. What has become of that most just enterprise? We do not see them in the hall.

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DOCTORS' FEES.—There is nothing more interesting and important than this part of our professional education; and yet, nothing is more neglected. Physicians, as a rule, are very poor managers, and the result is that more than any other class, trade or profession, do they work unrewarded. Even the most miserable representative of any new or old religious sect, gets a certain amount for his calling, or rather profession, which, as a rule, costs neither labor nor money to acquire, while the physician, after years of labor and great expenditure of money, finds that people, as a rule, do not pay him if they can help it. Physicians are to blame for this and not the people. There does not exist the same reason that there did twenty years ago, to let bills run a year or a lifetime before pay was demanded or offered; people, now-a-days, could settle the doctor bills as readily and as regularly as their grocery bills, which is about every thirty days, and there are few instances where doctor's bills need run longer.

Physicians should change this matter, themselves, and the people would soon come to terms.

There is another bad habit that could as well be corrected, and that is, compel people requiring a physician for obstetric attention to engage him in advance. About half the people in a city make no such engagement, and the result is that the physician is unexpectedly demanded to attend a case of great urgency, where he knows not, and who is to pay he hardly dare ask. This could be corrected, and should be, by medical societies passing resolutions and publishing them, that the members will not attend cases of this kind on any such short notice. This is the rule in most eastern cities, and the result is, when a patient applies to engage the physician, the latter can make his terms known, and the former can arrange for the fee, and if the case be one where no money could be paid, the physician could then voluntarily engage to do a charitable act, or turn the case into the hands of physicians employed by public, charitable or county aid.

We would call the attention of the Indianapolis Academy of Medicine to this subject, and think that they are now a body of sufficient influence to compel a more just regard by the public, of some fixed rules, æsthetical and financial.

## COMMENCEMENT OF INDIANA MEDICAL COLLEGE.

The exercises were held in the Fourth Presbyterian Church. The quality as well as the quantity of the audience, showed that the interest in legitimate medicine was not declining. The following was the order of exercises, with the names of the thirty-two graduates, that number out of thirty-four having passed a satisfactory examination for the degree of M. D.

### ORDER OF EXERCISES.

Prayer by Rev. R. D. Robinson. Music. Address to the graduates, by Prof. Dougan Clark. Music. Remarks by Rev. Mr. J. H. Morron. Music. Conferring the degrees, by Prof. G. W. Mears, President of the Board of Trustees. Music. Benediction.

### LIST OF GRADUATES.

Oliver Irwin, George B. Moore, John Thomas McShane, W. H. Davis, R. W. Smith, B. F. Day, George R. Sanderson, George Spees, W. M. Glass, J. B. Lytle, Robert D. Craighead, John C. Driver, H. H. Stout, J. F. Hickey, George Dellwyn Baily, Samuel A. Elbert, F. M. Hook, James F. White, George W. Starr, Charles M. Gravis, H. W. Wiley, A. H. Phillips, Henry C. Davisson, Henry Rees, W. H. Shulse, I. W. Stratford, Geo. C. Thomas, Wm. M. Jones, C. M. Ware, John J. Cameron, M. D. Honorary Degree: P. G. C. Hunt, Silas H. Fawcett.

The address of Rev. J. A. Morron, was an excellent one for the occasion. To find a revered gentleman who, while he upheld the charity which Christ taught, is so strongly and fully opposed to quackery in all its forms, and is willing to express himself thereon, is an agreeable disappointment.

The address to the graduates by Prof. Clark, will appear in a future number of the JOURNAL.

Prof. G. W. Mears, President of the Board of Trustees, prior to conferment of degree, spoke as follows:

*Gentlemen of the Graduating Class:*

By virtue of my office as President of the Board of Trustees of the Indiana Medical College, I am here this evening to confer upon you,

young gentlemen, the degree of Doctor of Medicine. While it is my pleasure on my own behalf and that of my colleagues, to congratulate you upon your entrance into the medical profession, it is not less my duty to admonish you that the parchment with which I am about to present you, does not also confer upon you distinction in that profession. This, as you will in due time discover, is not attainable upon terms so accommodating. You can commit no greater error than to imagine your education now complete. Your own reputation and the welfare of your patients still demand at your hands, not perhaps so severe and arduous application as that to which you have recently been accustomed, but nevertheless, patient, persevering, earnest study.

There is nothing to justify a regularly educated physician, however laborious his practice, in failing to keep pace with the advance of the science, or at least with the current literature of the professions—less than this is inexcusable—more than this, essential to an enviable reputation.

To those of you, gentlemen, whose minds have been disciplined by habitual study in acquiring a collegiate education, the investigation and elucidation of the many new and interesting problems of the science, will be both attractive and pleasant, and the way to exalted position in the ranks of its votaries rendered comparatively easy.

To gentlemen least favored with preliminary advantages, I have the comforting assurance to offer that “the race is not always to the swift nor the battle to the strong.” While medical biography is illustrated by such names as Abernethy, John Hunter and Dewees, and there is left a niche in the temple of fame for our own lamented Bobbs, whose indefatigable labors in the cause of science had enabled him in the contest for eminence to distance his more classical compeers, there is certainly on your part no occasion for despondency.

I reiterate that, in such noble examples of triumph over the obstacles of deficient preparation, you have your highest encouragement.

Resolve, then, that, on retiring from these walls, you will be faithful to yourselves; and, though you may find the practice of the profession of your choice both laborious and responsible, you will also find that a mind stored with the best resources of the art will not only relieve, to some degree, the burden of practice, and lessen the sense of responsibility, but it will furnish a treasury of deposit which will always honor the draft you may have occasion to make upon it. These drafts will be much more available to yourselves and patients than the fictitious capital ordinarily furnished by consulting physicians.

Render, I pray you, in your own personal and individual cases, further illustration of the adage, "The man who will conquer need never fail," and you shall prove yourselves worthy recipients of the favor just bestowed, and do honor to your *Alma Mater*."

The Indiana Medical College is now a success. For the last twenty years the want has been felt for something of the kind within the State. Within that time *one* medical college, for want of back bone and proper management, has gone down. There was no necessity for such an event. Let those who conduct the present Institution, learn that perseverance and *labor* is all that is needed to be successful. Those who help themselves will receive help. "Be not fearful but believing." Every step taken in the cause of education is a step taken toward the *good*. Every institution for the promotion of knowledge, if properly and reasonably conducted, is marked, and by One who will not see ultimate harm come to it; who from the seeming ills will bring out good.

The profession of the State and those aspiring to gain the honors of such an institution, owe it to themselves and the interests surrounding them to encourage and foster the present undertaking. *We have no doubt they will*. May another year see an increase of even the present flattering success, and so proceed until its success is felt throughout the State in the building up in knowledge of every member of the profession, and in the eradication of falsehood and quackery.

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## REVIEWS.

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GLAUCOMA, by Henry D. Noyes, M. D., Professor of Ophthalmology, in Bellevue Hospital Medical College, Surgeon to New York Eye and Ear Infirmary, etc.

This is an interesting little pamphlet of thirteen pages of useful information concerning the disease of the eye, called glaucoma, from the greenish reflection behind the pupil, seen in some cases.

Prof. Noyes has done well in bringing this subject before the mass of general practitioners, because glaucoma is liable to be mistaken for other diseases—as cataract. The acute form may present the symptoms of severe remittent fever, leading to an erroneous diagnosis, and of course to erroneous treatment, as we have seen in one case, and to the diagnosis of "neuralgia of the eyeball," in

another for which opiates and quinine were given without avail. Both of these cases were relieved by proper treatment.

Although Prof. Noyes' essay does not contain all that has been discovered, or all that may be said upon the subject, yet it is a well-written summary of the most prominent symptoms, the prognosis—the best and *only* method of treatment—iridectomy,—and includes the details of three cases with results of the operations.

We claim the right, just here, to complain of the complicated manner of expression which some writers on ophthalmology have in advancing their views. It would seem that they desired more to exhibit their familiarity with mathematics or some other educational branch, than to simplify the subject of their essay. Physicians generally do not like to flounder through a lot of wearisome calculations, French or Latin quotations, in order to obtain a few facts which might be expressed in a plain manner. Prof. Noyes' essay presents plain facts in plain language, so that all may understand; and we can but tender him our sincere thanks for his production.

C. E. W.

DESCRIPTION OF THE ORTHOPÆDIC APPARATUS, by D. W. Kalb, 15 South 9th St., Philadelphia.

MEMORANDUM of the publications of the Surgeon General's office.

TWENTY-SECOND ANNUAL REPORT OF THE INDIANA HOSPITAL FOR THE INSANE, for the year ending October 31, 1870.

ANNUAL REPORT OF THE SURGEON GENERAL U. S. A.

THE CHRISTIAN RECORD, Bedford, Ind.

CATARRHAL AND DIPHTHERIA INFLAMMATION OF THE MUCOUS MEMBRANE, by S. G. Armor, M. D., Professor of the Principles and Practice of Medicine, and Clinical Medicine in the Long Island College Hospital, Brooklyn, N. Y. (Reprinted for the N. Y. Med. Board, Feb., 1871.)

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## HOSPITAL REPORTS.

By E. HADLEY, M. D., Physician of Indianapolis City Hospital.

CASE I. On morning of December 14, 1870, near 7 o'clock, one James Flynn, Irish, age 30, shot himself with a small pistol, known as the "Smith & Wesson's." At 10 o'clock, A. M., was admitted into



the Hospital. The ball had entered the skull at the nasal eminence, the exact center, making a hole the diameter of a small lead pencil. The skin around wound was discolored by powder, indicating that the pistol had been held close to the head when discharged. He is said to have bled profusely at time of occurrence. Patient does not suffer. Nothing unnatural about him, except a serious calmness, and a disinclination to communicate. At 3 o'clock, P. M., Prof. Cominger examined wound, and found the ball and a spicula of bone, from the inner table of skull, which had passed into the brain. Ordered three compound cathartic pills. December 15. Patient slept tolerably well in after part of last night. Symptoms unchanged. Pulse eighty, and moderate. Bowels not moved; repeated dose of pills. Late in evening began to be delirious; although I had seen him frequently during the day, said he was sure he had never seen me before. Asked when he came into the hospital. Pulse ninety, and weaker; no catharsis. Gave two drops croton oil. Has been taking very little food. December 16. Patient restless and delirious last night. No catharsis. Is nearly unconscious, but can be aroused to answer short questions. Breathing hurried and becoming stertorous. Pulse one hundred and eighty, weaker. Pupils dilated, but contract when approached by lamp-light. In the evening breathing rapid with stertor increased; could not count number of pulse per minute, but it is weaker. Quite unconscious. December 17. Patient died at 5:30, A. M. At autopsy found the ball had entered the front of anterior lobe of left hemisphere of brain, taking a course upward and backward; carried a small spicula of one-half an inch in its course. Track of ball admits two fingers. Broke surface of brain, touching membranes, at posterior part of anterior lobe; then continued backward, slightly beneath surface of brain, parallel to longitudinal fissure, lodging near middle of middle lobe of brain. The ball weighed twenty grains, and was battered out of original oval shape. The brain generally appeared natural, except in immediate vicinity of track of ball. The membranes were inflamed, some effusion. Considerable extravasation of blood in region of wound.

CASE II. A man, age 36 years, New York, came to the hospital January 4, 1871, for treatment for Tertiary Syphilis. Is a saw-grinder by trade. Has a powerful muscular development. Appears to be in good health, except for syphilitic symptoms, and some trouble about breathing, which he calls asthma. Says that twelve years ago he had venereal sores on him, followed in a few months

by sore throat and falling out of the hair, and an eruption on the skin. Recovered his hair. Was not troubled with the disease, he thinks. Now he has terrific night pains in the head and on the surface of tibia and clavicles. There is tenderness of these bones on pressure. Says he has experienced these pains for more than a year; time indefinite. Also has a few angry pustular sores about forehead and back of neck. Also a bloody purulent offensive discharge from nose. Coughs considerable tough mucous, which at times obstructs his breathing. The chest is resonant on percussion. By auscultation, in all parts, there are found sonorous rales, unusually loud and musical. The syphilitic symptoms appearing of greater importance, he was put on treatment accordingly.

R Iodide potash.....℥i.  
Huxhams tinct.....℥ss.

Three times a day.

January 6. Bronchial trouble increased; eyes suffused; conjunctivæ so injected that they overhang the lower lids, preventing the closure of the lids. Made an application to them of the following which relieved the trouble :

R Acet. zinc.....grs. ii.  
Water.....℥i.

January 8. Bronchial symptoms subsided; continued original prescription in half doses, after couple of days increased it to full dose. January 16. Has been great improvement of syphilitic symptoms, especially the nocturnal pains. Coughs a good deal to relieve himself of tenacious mucous. Is not relieved by use of various expectorants. For purpose of improving offensive discharge from nose inject once a day and retain, by plugging nostrils, the following :

R Persulph. Iron, carbolic acid, aa.....grs. vi.  
Glycerine.....℥.

The result of doubtful advantage. January 19. Patient has been in bed for last few days, feeling weak. Yesterday evening thinks he had a slight chill. January 20. At 4 o'clock, P. M., was summoned to patient, who was said to have great difficulty to get his breath. Went immediately and found him nearly dead; could not tell at this late stage what was the matter. He died in two minutes. At autopsy found congestion of the lungs. Air tubes filled with mucous. The lungs throughout were studded with black bodies, size of hempseed. These were composed of a firm, tough membrane, or covering, surrounding a hard, flinty substance.\* The lungs floated in water.

\*The above were analysed, and found to consist of particles of iron.—EDITOR.

# PROCEEDINGS OF SOCIETIES.

## BRAINARD MEDICAL SOCIETY.

The Society met in the office of Dr. Kittinger, in Merimae, Ind., December 1, 1870.

On motion, Dr. Cleveland, of Kewana, was chosen President, *pro tempore*.

Members present: Drs. F. B. Thomas, Glazebrook, Toleston, Cleland, Kittinger, Washburn and Hoag.

Dr. Benj. Burkett, of Knox, was admitted to membership.

On motion, Dr. W. H. Thompson was invited to participate in the proceedings of meeting.

No written communications were offered.

Under the order of oral reports, Dr. J. B. Hoag reported a case of stomatitis maternus, resulting in general anasarca.

Dr. Washburn reported cases of puerperal peritonitis.

Dr. Glazebrook reported a case of retained placenta.

Dr. Burkett reported a case of diarrhoea followed by necrosis of the inferior maxillary.

Dr. Glazebrook reported an unusually interesting case of fracture of the skull, which was seven and one-half inches long and one and one-half inches wide. The patient recovered in thirty-four days.

Dr. Hoag stated that the treatment of "typhoid fever" with "cinque foil" had been very successful.

Dr. Thomas introduced the subject of cholera infantum. The discussion was participated in by all present. One member mentioned the fact that a certain "doctor" stated that a lady patient of his, seventy years old, died of cholera infantum.

The Society adjourned to meet in the same place Thursday, April 1, 1871.

I. B. WASHBURN, M. D., *Sec'y*.

DR. A. A. HAMILTON is the accredited agent for the INDIANA JOURNAL OF MEDICINE, commencing March 1, 1871.

## MISCELLANEOUS.

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MODIFICATION OF THE *ECRASEUR* FOR OPERATIONS IN DEEP CAVITIES, lately invented by himself, and found to work admirably in a recent case of intra-uterine tumor, where all other forms of *ecraseur* proved useless. The case referred to occurred in the practice of Dr. W. S. Brown, of Stoneham, Mass., who will soon report it to the Society.

Dr. Cutter's modification consists of a straight or curved flattened brass tube, eight inches long, one eighth inch wide, and one-fourth inch thick, inside measure. At one end it is soldered to a thimble at the top. This thimble is perforated so that the hollow of the tube and the hole in the thimble correspond. The thimble is fitted to the distal end of an *ecraseur*,—the common medium-sized one of Tiemann. The flat of the thimble and tube correspond with the flat of the *ecraseur*. The thimble is not soldered to the *ecraseur*, but fits it as a common thimble does the finger. When applied, the wire runs through the tube, thimble, and end of the *ecraseur*, and is attached to the nut of the latter. When the screw is turned, the tractile force draws the thimble directly on to the instrument, and holds it tight.

In application, say to the uterine cavity, the tube should be passed up, to see if its curve fits that of the uterine wall it follows. If not, it may be bent to fit it. The ends of a loop of common annealed iron wire, No. 15, one foot and a half in length, are run through the tube out of the thimble. The loop should be of a size corresponding to that of the *os uteri*. This is passed up into the uterus. If necessary, the loop is enlarged by pulling the wire through the tube, and expanded by the fingers so as to surround the outgrowth. The tube is carried up as far as possible. Of course, the part of the loop farthest from the tube will not ascend equally. This should be pushed up by the finger or a wire-carrier similar in size and shape to the Simpson uterine sound, except a furrow filed in the end, deep enough to catch the wire, and push it up as high as desired. When the wire has been pushed high enough, the *ecraseur* should be slipped into the thimble, and the free ends of the loop attached to the nut. Traction should be made and the wire watched, the tube being kept elevated until the foreign substance is cut off.

The flattened shape of the tube gives a strength greater than would at first be supposed for such material.

This modification was contrived for a case of naso-pharyngeal polypus, which was removed from its base near the pharyngeal dome through the mouth thoroughly by its use, with no section of healthy tissues.

The intention was to have a minimum of material with sufficient strength. In close cavities of limited capacity, operative procedures for removing growths must be conducted with instruments whose size does not equal that of the cavity.

When the terminus of the tube is bent to a quarter of a circle, the instrument is useful in the removal of nasal polypi. The curve allows the hand and instrument to be out of the axis of vision. Dr. Cutter had used it thus with success. Another point is, that if the wire loop is bent over the end of the tube, even to a right angle, it will cut over that edge. This was unexpected, as, in the theory of the ecraseur, the axis of the loop should always be in the direction of the axis of the outlet, and not at right angles to it. The simplicity of the modification is its marked feature. It is new, and was never used before in any case of uterine surgery except the one to be reported by Dr. Brown.

Dr. Sullivan would bear testimony to the excellence of the instrument devised by Dr. Cutter. In the case referred to, of lobulated intra-uterine polypus, vain efforts to apply the chain of the ecraseur had been made both by himself and by Dr. Storer, whose dexterity in these matters was unsurpassed. Fortunately Dr. Cutter was present, and happened to have in his pocket the new attachment devised for naso-pharyngeal outgrowths. It was found perfectly to answer the unexpected indication.

“SULPHATE OF QUININE.” AN OLD FRAUD IN A DANGEROUS DISGUISE. BY CHARLES BULLOCK.—Within the last few days there has been offered in this market a lot of sulphate of quinine (?) said to be five thousand ounces in quantity, purporting to be of the manufacture of Pelletier, Deloudre et Levailant, Paris. The bottles containing the drug bear the label, and the cork the seal, of that well-known firm.

An examination of the so-called sulphate of quinine (?) (which was offered at the market value, or thereabout, of quinine) shows that it contains scarcely a trace of quinine, but consists entirely of muriate of cinchonia mixed with small amounts of the other associated alkalis of the bark.



The first impression was, that old bottles, from which the genuine labels had not been removed, had been used to perpetrate the fraud. A more careful examination, and comparison with a package known to be genuine, leads to the belief that the whole transaction—bottle, label, seal, and circular accompanying each bottle—is a counterfeit. This counterfeit, we are informed, is in the hands of parties in New York.

In the State of Pennsylvania, we have a law punishing the vendor of meats in a condition unsuited for consumption; but we believe there is no statute law in this State to reach the man who, for the sake of greed, willfully deceives his fellow when struggling against the inroads of disease, by offering to him cinchonine under the counterfeit garb and at the cost of quinine, while the drug bears about the same relation to quinine in medical as it does in commercial value.

It is to be hoped that our New York brethren are better protected by laws bearing on the subject; and if they can discover the perpetrator of this fraud, and obtain for him a diploma insuring to him ten years' sojourn at Sing Sing, the general judgment of the profession will be—"served him right."

It is somewhat amusing to notice in the circular accompanying the spurious quinine, that the method of detecting adulterations, is copied from the original, and which affords a ready method of *nailing the lie* to every package of the counterfeit—

Viz: "1 gramme of sulphate of quinine, 4 grammes of ether, and 2 grammes of aqua ammonia, should form a clear solution."—*Amer. Jour. Pharmacy.*

Philadelphia, Jan. 36, 1871.

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ACTION OF PRUSSIC ACID ON IRON SOLUTIONS.—The Germans call prussic acid *Blausaure*, because it produces a blue precipitate in certain iron solutions; but the following experiment undoubtedly proves that the prussic acid does not produce the color of that precipitate, since it can be made just as well without it. Prepare a saturated solution of green vitriol in water. Take four-seventh parts of the above solution and treat it with nitric and sulphuric acids, until it is changed into the sulphate of peroxide of iron. Mix this with the remaining three-sevenths of the first solution, then add very gradually (to avoid its becoming heated) concentrated sulphuric acid, until a precipitate is formed. The result will be a beautiful blue pre-

precipitate, equal to Prussian blue. If water is added, the precipitate is dissolved and the color destroyed; but if the precipitate is separated from the acid and rubbed with phosphate of soda, we obtain a beautiful blue phosphate of iron, which will resist the action of water. In all these cases the acids, which possess no color, are by no means the cause of the blue color, but favor only the production of it, by depriving the mixed hydrates of protoxide and peroxide of iron of certain equivalents of water, and likewise by preventing the same from entering into a higher state of oxidation in the atmosphere.—E PIQUE, in the *Scientific Press*.

## OBITUARY.

DIED—In Bethel, Delaware Co., Ind., of pneumonia, on the 26th day of January, 1871, Dr. Samuel E. Mitchell, aged fifty-one years.

Dr. M. removed from Virginia to the above named village twenty years ago, and since that time has been constantly engaged in the practice of his profession. His professional life has been one of toil and sacrifice for the good of his fellow-men. He was highly esteemed by the community in which he dwelt, and his death was the occasion of profound sorrow. He bore his suffering with christian fortitude.

Dr. M. was a faithful member of the M. E. Church nearly a quarter of a century previous to his death, and had an interest in that better part, "which shall not be taken away." He left a wife and nine children.

G. W. H. KEMPER.

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# THE INDIANA JOURNAL OF MEDICINE.

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## ORIGINAL COMMUNICATIONS.

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### PROPYLAMIN IN RHEUMATISM.

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By JOHN M. GASTON, M. D. Read before the Indianapolis Academy of Medicine.

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I propose, on this occasion, simply to give you, in a few words, some of the results of my experience in what might be called the specific treatment of acute articular rheumatism.

My reason for bringing this subject before you is, that rheumatism is one of the staple diseases of the country—is almost always present in some form, and in the fall, winter and spring months it often abounds. It is a painful and dangerous disease to have. It has always been a hard thing to manage professionally, baffling, sometimes for weeks, the best directed medical skill—often bringing reproach and discredit upon the profession—and if I can suggest anything that will improve its treatment in your hands, or shorten its duration in the hands of the patient, I shall be repaid.

I need not, on this occasion, enter into any discussion of the pathology of the disease, nor dwell upon its history, its symptoms, diagnosis, nor the ingenious theories of it which, from time immemorial, have entertained the professional mind, interesting though they might be; and I may only refer to the diversity that has always existed among all classes of practitioners with respect to its treatment, to remind you how unsatisfactory a customer it often proves, both to physician and patient, even when best treated, and when neglected or mismanaged, as you have doubtless seen, involving its subject in months of suffering, and important joints and organs of the body in irremediable ruin.

But few statistical observations, that I am aware of, have been recorded with a view to ascertaining the average natural duration of the disease when let alone ; but *without* such observations, its reputation as a *durable* and disagreeable disease is pretty well established among us already ; and the oft quoted reply of the elder Dr. Warren to a young medical friend, that "the best remedy for rheumatism was six weeks," has, to most minds, forestalled the necessity of such statistical observation, and has often furnished an excuse to calm the conscience of the doctor for his inefficiency, or his inability to cure it, and a melancholy and poor consolation to the patient for his suffering. The truth is, it varies greatly even under apparently the same circumstances, being uncertain, fickle, and whimsical in a high degree ; sometimes beguiling our hopes by an apparent convalescence, only to disappoint and provoke us by renewing its onslaught with greater ferocity than ever, perhaps upon the same or other organs, and fortunate will it be for the victim if it do not involve some vital part.

"In 1862 Prof. Flint observed at Bellevue Hospital 13 cases, which were allowed to pursue their course, uninfluenced by therapeutical interference, and the duration of these cases, respectively, from the date of the attack to convalescence, was as follows : In three cases, under fifteen days ; in one case, between fifteen and twenty days ; in three cases, between twenty and twenty-five days ; in three cases, between twenty-five and thirty days ; the remaining two cases, forty-five and fifty-six days. The mean duration being a fraction under twenty days."

"Of eighteen cases *treated* in different ways, (but he does not say how), analysed with reference to duration, in 1854, the minimum duration was seven days, and the maximum was forty-seven days. The mean duration being a fraction over seventeen days."

He also speaks of some cases analysed by him in 1854, in which the mean duration was a fraction over sixteen days.

These data, though very meager, show that intelligent treatment is of some benefit, although that has been sometimes doubted. A duration of twenty-six days without treatment is something greater, to say the least, than sixteen or seventeen days with treatment ; yet even this is a long time to endure the pains of such a malady. And in passing, I may here allude to some of the more recent and approved modes of treatment in vogue, not wishing, however, to detract from the just merits of any.

Based probably upon correct pathological views, Fuller has introduced the alkaline treatment, which shortens the duration of the



disease somewhat, and proportionably lessens the liability to cardiac complication. He deserves great credit. But this treatment involves the necessity of taking such quantities of alkaline substances that I apprehend but few patients in private practice can be induced to undergo the ordeal, even for the relief promised.

I have had no experience in the use of the lemon juice treatment. Flint, in his Practice, says this is really an alkaline treatment, but I do not see how it is so. At all events it must be much less disagreeable to the patient than the above.

The treatment of Dr. Davis, of London, by the use of repeated blisters, is favorably spoken of; but under all of these plans I observe the average duration of the disease does not fall much under fourteen days—something of a gain, it is true, yet, if perchance this period might still be shortened, it would be a boon indeed to rheumatic humanity. And it is with this hope that I desire to give you the result of my own experience for several years past in the use of *Propylamin*, an agent not sufficiently known and appreciated, I apprehend, by the profession at large.

It is about eleven years since this article was placed before the profession as a remedy in rheumatism, on the recommendation of Prof. Aryenarious of St. Petersburg, Russia, in a report published in the "Annals de Therapeutics in 1857, p. 74, claiming for it specific powers of a high degree in this disease. He treated with it with success, in two years, between 1854 and 1856, 250 cases of rheumatism, acute and chronic, with all sorts of complications, metastatic, pericardial, pleuritic, meningeal, hemphlegie, and paraplegie, and all recovered."

Numerous articles appeared in the journals some years ago confirmatory of these claims for it, and setting forth its uses in other diseases, as neuralgia, etc., but of late years I have not seen much mention made of it in the journals. But my own experience during the past eight years, the time during which I have been using it, has accorded so harmoniously with those reports, and that of the distinguished gentleman named above, as to give me great confidence in its usefulness, and some assurance in recommending it to the profession.

I need not attempt to give you the detailed report of the cases I have treated with it, as that would involve the consumption of too much time, but will, if you please, relate circumstantially only the first case and the last one in which I have used it. And I here take occasion to say that in no single instance has the pain and the soreness of the parts failed to yield completely in 24 or 48 hours,

the cure progressing from that time on without interruption—except in two cases, occurring in individuals affected with gonorrhoea at the same time, and even in these two cases it afforded decided relief, but failed further to arrest the disease, and so did everything else that I could do, and I finally lost sight of both cases. It will be remembered here, that of all forms of rheumatism, gonorrhœal rheumatism is the most inveterate and unamenable to treatment of any form of the disease.

My first experience in the use of this agent occurred in 1863, in the case of an interesting little girl, a child five years of age, in which all the joints of both the upper and lower extremities were successively invaded by the disease, despite my most strenuous efforts to the contrary; and fearing daily the involvement of the heart in the grand ruin, I was in an agony of anxiety and apprehension. I sought counsel, but it availed nothing, as to relieving the case. At last, almost in despair, and scarcely knowing the powers of the remedy for good or evil, and unable to obtain from any source the information I wanted, I brought to bear upon the case, as a sort of forlorn hope, the propylamin, and to my great surprise and gratification, in a little less than forty-eight hours the relief was complete to the aching little limbs, but I regret to say a slight valvular murmur was left in the heart.

I presume every physician, when a case of this disease has gone pleasantly with him, and yielded in apparent obedience to some new agent, has fancied that he has at last found the true remedy for rheumatism, but on the next trial it has perhaps disappointed and deceived him. It had been so with me in former years, and I soon learned to distrust such experience. But in the case of this, the time has been so long, and the success so uniform and so good, that it must be more than a simple coincidence.

My latest case occurred a few weeks ago, in the person of John Whitaker, a blacksmith, 30 years of age, involving the feet, knees, wrists, shoulders and elbows successively, with great constitutional disturbance, fever, furred tongue, constipation, and loss of appetite. In this case the disease was first arrested in a little *over* forty-eight hours—delayed a little beyond the usual time on account of having to stop in the midst of its use, and wait for the administration and operation of a cathartic, the patient being one of those matter of fact individuals, who believe in the importance of the daily performance of that particular function sick or well. His recovery progressed satisfactorily for two or three weeks, but on the very day that he had set to go to work again he suffered a relapse, and became

worse than ever. After administering a cathartic, this time in advance to make sure, I put him on the use of the agent, and in forty-eight hours he was all right again.

I may observe here, that my experience with the use of it has been confined to cases of acute rheumatism altogether—and so confident have I become of its powers that I have been in the habit for years, on first diagnosing a case of rheumatism, of promising relief in twenty-four or forty-eight hours. The cases have not been so very numerous, but perhaps as many as would naturally come under the attention of a physician in ordinary practice in that space of time—at least one or several a year.

Most cases of acute rheumatism are ushered in by chill, fever, and general disturbance, as well as pain. I usually see that the patient is in a proper condition for the use of the agent, his bowels not constipated. I sometimes order a cathartic, and I frequently premise its use by administering 15 or 20 grains of quinine, in the first twenty-four hours to an adult, after which from 2 to 6 or 8 drops of the liquid propylamin in a tablespoonful of water every two hours for the first twenty-four hours, and at longer intervals the next twenty-four hours, and the cure is accomplished, so far as relief from soreness of the joints and pain is concerned.

The propylamin is found in the shops in two forms, the liquid and the chloride, or muriate. The former is a colorless, transparent liquid, with a singular ammoniacal and fish-brine odor; is soluble in water, and has an alkaline reaction, and in solution of 2 to 10 drops in a tablespoonful of water is nearly tasteless, and is, so far as I have been able to learn, devoid of poisonous or injurious properties. Its chemical equivalent is  $C_6H_9N$ .

The chloride is in the form of white crystals, very soluble in water, one grain of which is equivalent in action to about one drop of the liquid.

The agent in either form is somewhat expensive, and that has perhaps been a hindrance to its general use. It formerly sold for five dollars an ounce in this city, but it is cheaper now, costing about three dollars per ounce. I imagine it is sometimes diluted as found in the stores, and if it should seem to fail sometimes on trial, it might be well to bear that in remembrance, and increase the dose.

It is said to exist in cod liver oil, in ergot, in chenopodium, and in sorghum, and is extracted chemically from opium and several other sources, but the most abundant source of its supply is found in herring-brine.

A very convenient formula for its administration is as follows:

R. Propylamin.....50 to 80 or 100 drops.  
 Distilled water.....8 oz.

M S. Dose, tablespoonful every two hours to adult.

This is a larger dose than was used by the authority above referred to, but experience has assured me that it is within the bounds of perfect safety.

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## REPORTED CASES.

**By H. V. PASSAGE, M. D., Peru, Ind.**

I will report to you some recollections in surgical practice. In the report on Surgery, by Dr. Lomax, published in the Transactions of the State Medical Society for 1868, you will find some hints by me in regard to amputations without flap, and trusting to granulations to cover the stump. I have since had further experience in the matter, and propose to furnish your readers with some of my experience in regard to stumps formed by granulation.

About one year ago I amputated the thumb at the first joint, the flesh being so diseased that there was nothing to cover the stump with, and to amputate through the long phalanx of the thumb would injure the use of the hand very much. The stump was dressed with solution of carbolic acid, and the granulations were so exuberant that I could only keep them down by the use of nitras argenti. The result was, that the stump was well covered.

A second case. A more striking example occurred about four months ago. John M., aged 50, had the fore part of his foot crushed between the car bumpers while traveling. He called a doctor, who bound the foot tightly, without any other treatment except cold water, and when he presented himself to me the flesh was in a state of gangrene on the upper part of the metatarsal bones, except that of the great toe. All the small toes were in a state of gangrene, and I removed them at the metatarsal joint, removed the slough from the foot, and ordered carbolic acid solution for dressing. The case progressed well, and the ends of the bones have been covered by granulation, and the foot will serve about as good a purpose for walking as before the injury. If I had made a flap at the time of the operation the whole of the metatarsal bone would have been removed, and the patient rendered a cripple for life.

I will give you an account of rather a novel proceeding in lieu of circumcision. Every practitioner knows how frequent cases of

phymosis occur, especially in venereal practice. The operation consists in introducing a director between the glans and prepuce, splitting the foreskin up precisely as in circumcision, then sewing the skin and under surface together, and let the two flaps hang on each side until by contraction they disappear, which will be but a short time. I have performed this operation nine times in the last year—six times for chancre beneath the prepuce, causing phymosis. Every physician who has had much to do with chancre, complicated with phymosis, can testify to the amount of time and trouble required to perfect a cure. By this simple proceeding, followed by proper treatment, a chancre can be cured in a very short time. I have also performed this operation for “nocturnal emissions,” caused by irritation of the glans. In all three of these cases the glans were covered by a very long prepuce, were very irritable, and the operation was all the treatment used. The cure was complete.

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## BROMIDE OF POTASSIUM.

By **DAVIS L. FIELD, M. D.,** of Jeffersonville, Ind.

I have had to treat a great many cases of gonorrhœa and gleet, and have found that nine cases out of ten, at the least calculation, will succumb in five days under a treatment of bromide of potassium with tinc. iodine. The formula I have been employing is:

Bromide potass..... $\zeta$ ij.

Water..... $\zeta$ iv.

Dissolve, and add—

Tinc. iodine..... $\zeta$ iiij.

M.—Sig. Teaspoonful every four hours.

If headache results, the frequency of the dose is lessened, but the quantity is not diminished until the discharge is checked for at least twenty-four hours. The iodine seems to dry up the secretion and discharge from the urethra, while the bromide secures rest, immunity from chordee and stricture, calms the nerves, and puts a quietus upon the venereal propensity. Nothing has given better satisfaction to both myself and my patients, than the above treatment, as the old treatment was always so extremely disgusting—I refer to copaiva, cubebs, nitre, etc.

For the local treatment, I use a weak solution of sulph. zinci, say one drachm to the pint of water, an injection to be taken three times



a day, the parts kept cool and clean, and the bowels moved every morning once or twice with Seidlitz or epsom salts. This seldom fails; if it does, I use injections of argenti nitras, quite strong, night and morning, one day in four, when a cure is speedily obtained.

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## REVIEW OF ARTICLE ON PROSTITUTION.

By THAD. M. STEVENS, M. D., Indianapolis.

We have been greatly interested in reading an article in the *Chicago Medical Examiner*, by Edward Andrews, M. D., entitled "Prostitution, and its Sanitary Management." That this great evil, which has always existed, and perhaps was worse in times past than at present, calls for some means to stay its progress none will deny. The compulsory registry system, with accompanying treatment of diseased parties, is the rule in Europe, and is about to be tested in St. Louis; and knowing how like an epidemic reforms sometimes are, starting up and spreading through the entire community regardless of doubts, and in spite of efforts to patiently consider their propriety and practicability, carrying with them wo as likely as weal—we deem it prudent to investigate the subject with care.

The conclusions that Dr. Andrews draw from the facts are—

"1st. The European compulsory registry only enrolls a small fraction of the women.

"2d. The system of forced medical examinations, with attempts to consign the diseased to hospital prison, totally fails to abate the prevalence of disease.

"3d. It is better for us not to copy European failures, but to develop our own system.

"4th. This system should consist, on the part of the police, in a strictly tacit toleration of the orderly prostitutes, a private classified registry, free hospital assistance for the diseased, and fines and imprisonments for the disorderly.

"5th. On the part of society, there should be an extension of the present efforts to reform the fallen, and to rescue the young candidates for shame. Measures should be taken, through the pulpit and the press, to warn the unwary of the physical as well as the moral dangers of licentiousness, and of the inefficiency of all known measures to render prostitution safe."

A synopsis of his reasonings, by which he comes to these conclusions, might not be amiss.

As to the compulsory registry, he brings forward the fact that in Brussels there are 316 registered prostitutes, and 350 unregistered. In Rotterdam, during eleven years, there were on an average 313 registered, while a large force were unregistered. These latter were the clandestine strumpets, or those who were kept privately by parents or others, and not known in public as prostitutes, but were *hired out*, this being a favorite dodge to escape the working of the law—the police having no control over such. This dodge is taken not only in the latter city, but is universal, so much so that those who are thus secretly plying their vocation outnumber the open and avowed. Dr. John Webster, speaking from official documents, says that in Naples, as in Paris and elsewhere, police laws do not diminish prostitution; nay, they even augment immorality.

In Berlin, the number registered was 1,650, while those suspected numbered 13,300, and others, who were more circumspect but suspected, were 1,200.

"The stubborn fact is," says Dr. Andrews, "that nine-tenths of them refused to register, and the police, more despotic there than they can be here, found it impossible to compel them. It thus appears that not only have the great majority of women escaped the forced registry heretofore by their skill in evasion, but that the small portion on the books are gradually growing less."

As to the effect of the license system in checking disease, he presents satisfactory facts. In five years, before the passage of the act regulating such in England, there was an annual diminution of 21 admitted to hospital per 1000 of mean strength; for the two years *after* the act, the diminution was 12 per cent., making it worse for the army, for whose benefit the act was passed, after than before.

The ratio of venereal diseases to all kinds of cases in various places, shows that in six of the larger cities of Europe and America, outside of Paris, there was one venereal case to  $16\frac{3}{4}$  of all others. In Paris, 1 to 16, and Paris is the city *par excellence* of compulsory registration and license system.

Dr. Andrews asks: "How is this surprising result to be accounted for in the face of the fact, that the police do make a very marked diminution of venereal cases among the few prostitutes whom they succeed in getting under control?" and answers it by the fact, first, that only a fraction register, and second, "that the police are supposed to keep the strumpets free from disease, and this acts as a magnificently delusive advertisement to all the young men in the city, leading them to suppose that licentiousness has now become almost safe," and adds: "As a professional man, I have been compelled

to laugh at the frequent instances where young Americans have, with infinite gullibility, cohabited with loose women in Paris, because they considered it safe there, but were utterly astounded afterwards to find they had contracted syphilis or gonorrhœa," a fact that we all have no doubt seen exemplified.

Not only, as the above facts show, does this system fail to diminish the amount of disease, but other facts seem to indicate that *prostitution* is actually increased by such means. Statistics are adduced going to show that the proportion of registered prostitutes to the population is 24 per cent. greater in cities adopting the license system than in others. These are startling assertions, and should at once influence our decision as to the desirability of the system.

It is very true that others look at this in a different light. For instance, the editor of the *New York Medical Gazette*, who we believe to be a clear headed and well informed physician, in noticing this question in his issue for March 4th, speaking of clandestine prostitutes, says :

"Whilst we admit that compulsory registration of *all* women who prostitute themselves would be even more difficult here than abroad, it should be remembered that in America clandestine prostitution, in the sense in which Professor Andrews uses the term, is far less common than in Europe. Here, very few women receive their customers in private apartments, the vast majority being either avowed inmates of brothels or habitual frequenters of assignation-houses known as such to the police; in European towns, on the contrary, and more especially in Paris, the unregistrable tenants of *chambres garnies* far outnumber their more openly vicious sisters. Although no sanitary measures can be expected anywhere to be absolutely perfect, we believe that in most American cities it would be comparatively easy to control at least three-fourths of the women who practice indiscriminate intercourse."

This may be the truth with reference to American cities, but the editor of the *Gazette* must remember that this form of prostitution is in a great degree the result of the compulsory system, and therefore we must only expect to find it in any excess in places where that system has been in operation—for then the prostitute seeks something to hide her from the eyes of the law, and the trade being thrown in that channel, prostitutes spring up where least expected.

So as regards diminution of disease. The editor of the *Gazette* takes the opposite view to that of Dr. Andrews, and quotes as follows from the *British Medical Journal* :

“The percentage of ethetic disease in the public service has in four years been reduced from 22 per cent. to 11 per cent. in the districts under the Acts; the number of public women has been reduced in the Devonport district from 1,960 to 564; the number of disorderly houses, from 410 to 131; the ratio of disease among these women, from 41 per cent. to 24 per cent. As to the indirect influence of these Acts upon the condition of the civil population, it appears that the number of paupers entering the workhouse suffering from ethetic disease in the three years previous to the operation of the Acts was 855, and in the three years last past was 222; and their general influence, even thus locally applied, may be judged from the fact that, while in 1864 16 per 1,000 of intending recruits needed to be rejected for constitutional ethetic disease, in 1868 12 per 1,000 were rejected.”

We must take the above in connection with those furnished by Dr. Andrews and others, and draw our own conclusions.

We have no doubt that at first, and as regards certain portions of the community—such as the army—disease may be diminished; but we fear it is local, and temporary in its character; that in general there is no permanent decrease. It is thus we reconcile the various statistics.

If the assertion of Dr. Andrews, with reference to contracting syphilis from a woman who shows no signs of disease, the poisoned secretions being carried in the folds of the vagina, be true, a good reason is given why the plan is not of great practical importance, for inspection in such cases amount to nothing. Again: Dr. Hammond and others enunciated the doctrine “that the virus of an infecting chancre, absorbed by a mucous surface, without breach of continuity, may cause a syphilitic gonorrhœa, not marked by chancre, but affecting the constitution, and capable in its turn of producing an infecting chancre in another form,” and we see no good reason to doubt it. Indeed, we have always doubted the soundness of the philosophy, although we thought it heterodox to hint to the contrary, of separating hard and soft chancre and gonorrhœa so far apart in all their relations that they could never *dovetail*, and we think that the explanation of such relationship as expressed by Hammond is at least very probable. If we admit this, it is only an additional argument against the practicability of eradicating syphilis by relying upon finding the marks in women by inspection.

In speaking of treating patients affected with syphilis at free hospitals, Dr. Andrews says:

“To treat the women alone, however, with the hope of removing syphilis from the world, and leave the men diseased, is as hopeless



as to draw out the water from one arm of a syphon, when the other is immersed in an exhaustless reservoir. Each of these hospitals should receive male patients at a free dispensary, daily, and treat them thoroughly; receiving from the fund before mentioned, a slight compensation to cover the expenses."

In connection with which we copy the following from an exchange:

"We like the idea of Miss Mercie Tuttle, who, through the *Rochester (N. Y.) Union*, wants it regulated as follows:

"Have a record of all houses and their inmates. Also, allow no person to visit them without a pass from an officer. Station a policeman at each house to receive the passes. Before a man receives a pass he must present a surgeon's certificate that he is free from disease. The names of all persons receiving a pass to be entered upon a book at the Police Office, said book to be free to public inspection."

"Mercie is perfectly right. The plan she advocates would have the tendency to relieve us of the social evil. We can conceive of no good reason that should prevent the registering of those who visit brothels if the inmates thereof are likewise put upon record. What is sauce for the goose should be sauce for the gander."

Here we touch the milk in the cocoanut. It is in this, and this way alone, that we may hope to effect not only the spread of disease, but to sap the foundation of the evil itself. But man has the relics of Mohammedan barbarism clinging to him yet, and he desires women for his *use*, while he is not to be inspected, nay, not even questioned.

It brings to our mind the not more foolish advocacy of negro prostitution in the South, upon the ground that the virtue of their sisters and females generally were preserved! When one is inclined to indulge his passions and inclination, an excuse is easily framed.

With reference to the reformation of prostitutes, the action of the Sisters of the Good Shepherd is noticed, who, among the moderns at least, first commenced a movement in that direction over two hundred years ago. Their system is now found working all over the country in the form of Women's Refuges, and Homes for the Friendless. The professional and non-professional are taken and cared for, their wants supplied, and employment found them, so that the temptations to follow such a life is in a great measure removed.

In conclusion, we would say that the great, and as we think, insurmountable obstacle to a legal recognition of prostitution, as we find in the license system, consists in the tacit sanctioning by law of such means. Whatever we do, let us not commit the error in regard to this vice as has been with regard to the liquor traffic. Whatever



profit it might bring to the county or city, whatever *supposed* diminution of disease it might produce, let us fully recognize the fact that the schooling of society to abhor and condemn it, ought and must be the paramount object and aim of all who have the *morals* and *health* of the community at heart; and at the same time we do this, we can find means, if we will, to stamp out a large amount of actual disease, both among *men* and *women*, and that the reformatory means, of all who will avail themselves of the chance, must go hand in hand with all of the foregoing principles and measures.

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## REVIEWS.

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INTRODUCTORY LECTURE DELIVERED BEFORE THE CLASS OF THE INDIANA MEDICAL COLLEGE. By R. N. Todd, M. D., President of Faculty, and Professor of Principles and Practice of Medicine. Published by the Class.

The lecturer has chosen for his theme "The Ideal and the Actual in Science and Medicine," and pursues the subject by a path now strewn with flowers, and anon intricate and rugged. If we catch correctly the idea embodied, the professor makes the *Ideal* that which *should* be attained, or, rather, the true *real* of science, while his Actual is that of which, after years of labor and research, a knowledge has been acquired—imperfect, because the means used have been inadequate to attain the *real* or *actual*.

The only method by which a knowledge of science can be gained, he truly says, is by induction—to form from isolated facts a system, and by experiments and observation to establish general principles.

After noticing the various orders of the animal kingdom, with man as one of the links in the chain, having "passed the Material Hemisphere" in his "search for the field of medical science," and come upon "the high and glorious form of intellectuality," the Ideal looms up, or rather the Actual fades, the boundary is reached, he can go no farther, and he turns to that with which medicine has chiefly to do—the physical organization of man; chemistry, physiology, pathology, and therapeutics. Their relationship with science, their status and teachings are briefly noticed. They are all accepted as true sciences, perfect in the Ideal, but only approximately in the Actual.

The deduction from this reasoning may perhaps be seen more clearly from the following extract :

"It is thus clear that there exists one true medical science, complete in the Ideal of its several members, and in that of them all united. It is equally clear that there can be but one. In every sense it is a unit, though composed of many branches, as a web of many fibres is still one. It might adopt with perfect truth and fitness the motto—*E Pluribus Unum*."

The conclusions he derives are as follows :

"1. That, as there can be but one medical science and one method of cultivating it, and as that method has been adopted by the regular school of physicians from the beginning, every system of a different nature, or sought by different methods, must be spurious.

"2. That if regular medicine were destroyed, a segment of the great circle of science would be lost which no false system could supply; for, even if our system were not demonstrable in its branches, and in their relations to each other in forming the whole, still we should have an infallible means of detecting every false system by referring it to those cognate sciences which bound medicine, and are in turn bounded by it; for man cannot weave his creations into nature's truth any more than he can create or destroy truth itself."

Upon the whole, we consider it as rather above the average of "Introductory," for, although not so practical as some, it is replete with fine thoughts, and will bear, and indeed demands, a second perusal.

TRANSACTIONS OF THE TWENTY-FIFTH ANNUAL MEETING OF THE OHIO STATE MEDICAL SOCIETY, held in Cleveland, Ohio, January, 1871.

This is a volume, bound in cloth, of nearly three hundred pages. The typographical part is well executed, and the material is certainly up to an average.

We rather like the plan of sending out Transactions of Societies in this permanent form, as they are in good shape for preservation, without the trouble to the physician of having them rebound. Cincinnati was selected as the next place of meeting of the Society, in 1872, the date being left to the discretion of the Executive Committee. We would like to give a synopsis of its contents, but space will not permit.

# PROCEEDINGS OF SOCIETIES.

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## MOTT MEDICAL SOCIETY.

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At an informal meeting of medical gentlemen, representing the counties of Henry, Hancock and Rush, held at Knightstown, Ind., February 10, 1871, the following proceedings were had:

Dr. W. Hobbs was called to the chair, and Dr. J. B. Sparks appointed Secretary.

The President then stated the object of the meeting to be the organization of a Medical Association, having higher aims and objects than those reached by the Union Medical Society, of which most of those present were members. The following preamble was then read and adopted:

"PREAMBLE.—For the advancement of Science and Art in medical and collateral knowledge; for the elevation of the standard of attainment in our profession; for the expression of facts as they occur to us severally, and the comparison of opinions derived from them, whereby the knowledge and wisdom of all may become the property of each, and for pleasurable social unions, and the cultivation of professional amity, we hereby organize an Association, to be governed by such constitution and laws as may be hereafter adopted."

This preamble was then signed by the following gentlemen:

J. M. Whitesel, N. H. Cannaday, W. B. McGavran, L. J. Bowls, L. V. Winston, J. B. Sparks, of Knightstown.

N. P. Howard, S. M. Martin, M. M. Adams, E. J. Judkins, of Greenfield.

James Coehran, J. H. Stuart, of Spieeland.

F. J. C. Rawlins, S. J. Griffith, of Elizabeth City.

D. W. Butler, of Dunreith.

E. N. Tull, of Ogden.

Wilson Hobbs, of Carthage.

A Constitution was then adopted, in which the name, "Mott Medical Society," was selected; the time of the meetings to be the first Tuesday in each month, at 1 o'clock, P. M., and the place of meeting at Knightstown, unless otherwise ordered.

The following officers were elected for the ensuing year: President, Dr. Hobbs; Vice President, Dr. Martin; Secretary, Dr. Sparks; Treasurer, Dr. Cannaday.

On motion of Dr. Howard, it was ordered that the next meeting be held at the office of Drs. Howard & Martin, in Greenfield, at 3:30 o'clock, P. M.

Drs. Martin, Bowls and Stewart were appointed essayists. Dr. Butler proposed a voluntary paper upon the *Placental Circulation*.

Drs. Sparks, Cannaday and Martin were appointed a committee on By-Laws and Order of Proceedings. Adjourned.

## GLEANINGS FROM FOREIGN JOURNALS.

Translated by GUIDO BELL, M. D., of Indianapolis.

ON the abortive treatment of erysipelas with soluble glass, Mr. Piazza publishes six favorable cases, painted over the whole inflamed surface. After twenty-four hours all inflammation had disappeared.—*L'Conservatore*.

AFTER large doses of bromide of potassium, (one to two drachms and a half in 24 hours,) general weakness, angina pharyngis, spontaneous defecation appeared in a few days, and the treatment had to be given up.—*Tulzian. Bullet. de Therap.*

MANY experiments have been made with eucalyptus globulus in fever. Dr. Lor'nsen uses the tincture of two ounces of the leaves to nine ounces of alcohol, two teaspoonfuls daily. Two or four doses were required for complete cure. He succeeded in a case of pyæmia and phthisis. The remedy should be repeated six or eight days afterwards. Out of 51 patients with intermittent fever, 43 were cured totally; in five cases the physicians had no more of the tincture, and quinine was given. In one case the patient refused any treatment; in another case the medicine was vomited; in one case no change was perceived, neither after other treatment; in 11 cases quinine given before, without effect—nine of them were cured; in 10 cases fever reappeared.

It is also recommended in bronchitis. The tincture has a pleasant aromatic taste, and is favorable to digestion. Several other German physicians speak highly of it.—*Schmidt's Jahrbücher*.

LARGE doses of quinine are used in typhoid fever in Europe. Some experiments had the same results generally known in our country. The fact should be mentioned in regard to the differences made in Germany between typhus abdominalis and malarial fevers.—*Gustav Ohlson*.

CÆSAREAN SECTION SUCCESSFULLY PERFORMED AFTER DEATH OF THE MOTHER. *First Case.*—Thirty-five weeks of pregnancy, chronic heart-disease, dropsy, etc. The operation was performed twenty-three minutes after death. The child was ten months old at the time of publication.—*Pingler.*

*Second Case.*—Fifteen minutes after death by apoplexy, the operation was made; child lived thirty-two minutes.—*Pingler.*

*Third Case.*—Death from cyanosis. Operation five minutes after. Child living.—*Keckmann.*

*Fourth Case.*—Death from a fall. Operation performed twenty-three minutes after. Child living.—*Brodherston.*

All the children were apparently dead, nevertheless the cæsarean section after death must be justifiable.—*Monatsch f. Geburtsh and Memorial.*

Some more cases were mentioned a few years ago in a monograph by the late Prof. Th. Hermann of Berne.

PHOSPHATE OF LIME IN PERSPIRATION OF CONSUMPTIVES.—Dr. Guyot gives two to six grains of phosphate of lime daily, in profuse perspiration in consequence of phthisis or rheumatism.—*Oesterreich Feitschrift.*

SOME experiments with nitrate of potassa and nitrate of soda, made by Mr. Rabulcan, gave the following results:

1. These salts are oxydated in their organism to nitrates, when given in small doses (15 grains a day) totally; in large doses partially unchanged. The salivary glands act easier than the kidneys.

2. They are dangerous in comparatively small doses.

3. They destroy the blood-corpuscles by oxydating themselves — *Schmidt's Jahrbucher.*

ON the solvent power of Viehy-water on calculi, Dr. Kastan made very exact experiments. He never found alkaline urine after abundant use of the water, it was only neutral. Its undoubted dissolving power results only from the quantity of water.—*Prag. Viertel.*

BESIDES strong particles of iron, [compare Dr. Hadley's report of last month,] small pieces of charcoal were found imbedded in the tissue of the lungs and the pleura. In one case Dr. Russon found the structure of birch-tree coals in the particles.—*Deutsche Klinik.*

PANNUS CURED AFTER THE PULVERISATING METHOD.—Dr. Schenke made several experiments with the best results. He uses Siegel's inhaling apparatus for three to five minutes. He says: This method, not being new, is recommendable for the following reasons:



1. The medicine acts weakly, but directly and long.
2. Assimilation in the tissue is increased, and by that way resorption.
3. The conjunctiva is cleaned.

He uses sulphate of copper one scruple to four ounces, with or without laudanum, laudanum one drachm to six ounces, tannic acid one scruple to four ounces, nitrate of silver one scruple to two ounces of warm water, (the largest doses.) He had no success in catarrh. —*Prag. Viertelj.*

A FAVORABLE case of extirpation of the kidneys is reported by Prof. Simon of Heidelberg. The indication was urinary fistula above the symphysis, remaining from an ovariectomy performed eighteen months before.—*Deutsche Klinik.*

## HOSPITAL REPORTS.

By E. HADLEY, M. D., Physician of Indianapolis City Hospital.

CASE I. A man aged 30, English, after debauching a couple of weeks, and while in a fit of delirium tremens, cut his throat with a razor December 20, 1870. Was admitted into the hospital December 21, still having the delirium. As there is a compress, saturated with some hemostatic, cemented over wound, we did not disturb it, but directed attention to the delirium tremens and his prostrated condition. At bed time gave hydrate chloral ʒss.

Dec. 22. Slept tolerably well last night. Is compelled to eat moderately, during the day, of easily digested and nutritious food. Gave 1 gr. capsicum every two hours; at bed time repeated chloral.

Dec. 23. Slept well from 8 o'clock until midnight. Is much improved; not as greatly agitated as at time of admission, although during last night he endeavored several times to jump from the window of his room, (third floor.) Has some appetite, and thinks if he had larger doses of that "truck" to-night (chloral) he would be well to-morrow. Gave him a larger dose, (ʒii), at bedtime.

Dec. 24. Slept well last night. Has scarcely any symptoms of delirium tremens. The compress is so closely adherent to neck, face and beard that it is removed with difficulty—only by dissecting it from the skin. The wound is just above the hyoid bone, extending upwards and backwards nearly into the Pharynx; also extends from

each carotid artery, but does not sever either, as at the corners the cut is superficial. A second cut on left side of throat made a slice of flesh an inch in length, a third in width, hung between lips and cut. Endeavored to draw wound together by means of adhesive straps, which appeared to be successful. Cleansed the parts with carbolic acid solution. Surfaces are sluggish, black and foul.

December 25, Renewed dressings.

December 26. The adhesive straps a failure. Adjusted edges of wound by means of silver sutures, placed half an inch apart, leaving small space on right side for exit of discharges. Deeper parts of cut are still separated half an inch, in consequence of muscles of tongue being severed transversely. Keep chin flexed on breast by means of a roller bandage, fastened around head as a cap, and the free end brought from forehead and tied to another bandage, which has been fastened around the waist. This means proved very effectual in keeping chin fixed on breast. It is hoped the edges of wound will unite by granulating together, and the deeper portions, by filling with granulations. For the purpose of cleansing and stimulating the raw indolent parts, injected once a day into wound, carbolized oil, (made by dissolving 1 oz. cryst. carbolized acid in 12 oz. boiling linseed oil).

December 27. Sutures on right side have drawn through the parts, leaving that portion gaping widely; those on left side remain. Inserted other sutures deeper.

December 28. Sutures on right half of wound again withdrawn. Surfaces much healthier, and commencing to granulate.

January 9. Edges brought together by sutures on left side have united, and wires removed. The right half gaping, but filling from granulating at the bottom. Still inject oil. Scarcely any suppuration.

January 18. Patient doing well; is now in good health. Remaining portion of wound healing slowly. The skin of lower edge has attached closely to surface beneath and is folding inwards, destroying opposition of edges. Endeavor to correct this by means of straps of adhesive plaster properly applied, is partially successful.

February 1. Surfaces sometimes becoming indolent, apply Hydry. ung. to stimulate the parts.

February 28. Left side of wound healed leaving very slight scar. Right side leaves one more observable, but not easily seen.

CASE II. An Irishman, age 63, was admitted to hospital January 4, 1871. Contracted sore on penis near first of last October. Eruption on skin, and sore throat appeared four weeks ago—two months

after inoculation. At present time is literally covered with this copery eruption, varying in size up to that of thumb nail. On forehead they assume pustular variety, on thighs and buttocks the ulcerous. This is a fine type of secondary syphilis, in which, according to experience of this hospital for the past five years, mercurial fumigation is admirably adapted as means of treatment. Place him on this plan of treatment every night before bed time, use at first 10 grs. calomel, afterwards 15 grs. Fumigated him without any article of clothing on, except wrapped in a blanket, and afterwards put him to bed wrapped in same blanket, so he slept all night. He soon became accustomed to this and rested well.

January 10. Much of the eruption disappeared. Throat not sore.

January 17. Patient slightly ptyalized. Suspended fumigations, and give chlorate potash.

January 20. Continued fumigations. Eruptions all disappeared except few of the larger ones.

January 25. Eruptions all disappeared, as well as all other syphilitic symptoms, except stain of skin.

February 6. Patient left hospital of his own accord, affirming that he was well.

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## EDITORIAL.

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WITH the May number commences the second volume of the INDIANA JOURNAL OF MEDICINE. We expect to enlarge it somewhat, the price remaining the same. Each subscriber will receive, enclosed in the JOURNAL, a *reminder* as to the coming year's subscription, which is in advance. We hope all will respond cheerfully.

Attention is also called to our *club rates*. Subscribers will perhaps find it to their interest to order such Journals through us.

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THE following journals will be forwarded to subscribers to the INDIANA JOURNAL OF MEDICINE, at the rates attached, *invariably in advance*.

American Journal of Medical Science, Medical News and Library, Rankin's Half-Yearly Abstract, Indiana Journal of Medicine.....	\$6 50
Amer. Jour. Science, Med. News and Library, and Indiana Journal of Medicine.....	5 50

New York Medical Journal, Indiana Journal of Medicine...	4 60
American Journal of Obstetrics, Indiana Journal of Medicine	4 95
Chicago Medical Journal, Indiana Journal of Medicine.....	3 80
London Lancet, Indiana Journal of Medicine.....	4 98
All the above journals and Indiana Journal of Medicine.....	22 58

## MISCELLANEOUS.

DISSECTION TO BE LEGALIZED.—Among the bills introduced in the House of the Illinois Legislature is the following, which, with the very raey and sensible remarks thereon, we clip from the *Chicago Tribune* of January 21st. We heartily endorse the bill, and hope it will become a law. The *Tribune* correspondent has hit upon the best argument which could be brought to bear upon such a body of men. Let them know that they will be carved and haeked while alive, and dissected when dead, as a reward for shielding the carcasses of paupers and criminals, and they will open their eyes and ears to the truth very mildly stated:

### *A Bill to promote the Science of Medicine and Surgery in the State of Illinois.*

SECTION 1. It shall be lawful in cities and counties, whose population exceeds twenty thousand inhabitants, for superintendents of penitentiaries, wardens of poor-houses, coroners and city undertakers to deliver to the professors and teachers in medical colleges and schools in the State, and for professors and teachers to receive, the remains or body of any deceased person, for purposes of medical and surgical study; *provided*, that said remains shall not have been regularly interred, and shall not have been desired for interment by any relative or friend of said deceased, within twenty-four hours after death; *provided*, also, that the remains of no person who may be known to have relatives or friends shall be so delivered or received without the consent of said relatives or friends; *and provided*, that the remains of no one detained for debt, or as a witness, or on suspicion of crime, or of any traveler, or of any person who shall have expressed a desire in his or her last sickness that his or her body may be interred, shall be delivered or received as aforesaid, but shall be buried in the usual manner; *and provided*, also, that, in case the remains of any person so delivered or received shall be subsequently claimed by any surviving relative or friend, they shall be given up to said relative or friend for interment.

SEC. 2 And it shall be the duty of said professors or teachers decently to bury, in some public cemetery, the remains of all bodies after they shall have answered the purposes of study aforesaid, and, for any neglect or violation of

the provision of this act, the party so neglecting shall forfeit and pay a penalty of not less than \$25, nor more than \$50, to be sued by the Health Officers of said cities or other places, for the benefit of their department.

SEC. 3. The remains or bodies of said persons as may be so received by the professors and teachers, as aforesaid, shall be used for the purpose of medical and surgical study alone, and in this State only; and whoever shall use such remains for any other purpose, or shall remove such remains beyond the limits of this State, or in any manner traffic in the same, shall be deemed guilty of a misdemeanor, and shall, on conviction, be imprisoned for a term not exceeding one year in a county jail.

SEC. 4. Every person who shall deliver up the remains of any deceased person in violation of, or contrary to, any or all of the provisions contained in the first section of this act, and every person who shall receive said remains, knowing the same to have been delivered contrary to any of the provisions of said section, shall each and every of them be deemed guilty of a misdemeanor, and shall, on conviction, be imprisoned for a term not exceeding two years in a county jail.

This is the same bill that was introduced two years ago, and which was killed by the ignorant opposition of country members, who did not precisely understand the facts in the case. As matters stand now, a person who studies to be a surgeon is required to be up in anatomy, and ignorance of it is apt to get him into trouble. But to get possession of a body, in order to learn anatomy, is a crime by law. Not to know and to try to know are alike criminal, which is a dilemma. So it is proposed to turn over to the doctors, for the good of the State, those whom the State has supported, as paupers, or those who die, unclaimed, in its jails. After the citizens of a county have boarded a man all his life, I do not see why they cannot make something out of him dead, if not alive. More fortunate than other men, he is able to pay, after death, with his useless body, the debt he contracted in his life. Certainly it is not an unprofitable bargain for him. Besides, it is well that the dead should be dissected that the living may not be carved. If science cannot practice on a *corpus mortuum*, she will on a *corpus vivum*, and a man is a fool who gives up his body to a scalpel in the hands of an uneducated surgeon, in order that the body of some criminal may moulder at Joliet, escape the knife, and decay as a whole. Public policy, justice to doctors, justice to the community, all demand the passage of this law, by which alone the trade of the resurrectionist can be stopped, and country graveyards saved from constant desecration. Country members should remember that by saving the pauper they lose their children, their wives and themselves. The demands of the dissecting table are inevitable. Corpses surgeons must have; legally, if they can—illegally, if they must. If they cannot get a criminal,



they will have a parson. If the unknown waif, whom the coroner cannot identify, is denied them, they take the coroner when he dies. If the pauper is not to be had, they will seize a member of the Legislature, and the man who to-day lives and breathes and has his being, and votes against this bill, may yet be found stiff on the dissecting table, the victim of a very foolish vote.—*Med. Arch.*

**CURE FOR SMALL-POX.**—The *Journal of Applied Chemistry* claims for *saracenia purpurea* the virtues of a specific in the treatment of small-pox. However alarming and numerous the eruptions on the body of the patient, the action of this remedy is such that there is rarely the least scar to tell of ravages of the fearful disease. No other medicine reaches the disease in the same effective manner. The principle of the plant, by its contact with the virus in the blood, renders that virus inert and inoffensive. This can be shown by the fact that if vaccine or varioloid matter be moistened with a decoction of *saracenia*, it is at once deprived of all contagious properties.

It has long been known as the best remedy in cases of varioloid, having been successfully used by the Indians, and afterwards by our physicians. The fact that more than five hundred cases have recently been cured by it at Bourges, France, has attracted much attention to the root, and occasioned further researches into its properties. It is to Dr. Morris, of Halifax, Nova Scotia, that we owe most of our knowledge of this valuable plant. The *saracenia purpurea* grows wild in swamps of Nova Scotia, and at the proper season the root is gathered and preserved for use. Dr. Morris pronounces it to be a sovereign remedy in cases of small-pox, just as quinine is so effective in its cure of fevers, or as belladonna is a remedy in scarlatina. The Indians look upon the plant as a preventive, and often keep a decoction of it in camp, of which they occasionally partake for the sake of purifying the blood. Dr. Morris has confirmed the truth of this action, by prescribing it for persons who were exposed as nurses to the contagion of small-pox.—*Phy. and Phar.*

**QUININE IN THE DISEASES OF CHILDHOOD.**—C. Bing, M. D., Prof. of Pharmacology in the University of Bonn, Germany (*Am. Jour. of Obs.*) regards quinine as an important remedy in those diseases of childhood dependent on septic or zymotic conditions, like measles, scarlatina, and diphtheria. In scarlet fever, quinine should be given from the *very commencement* in sufficiently large doses, the progress of the disease carefully watched by the aid of the thermometer, and the doses increased in quantity if the fever grows threatening.

Of the acute exanthemata of infants, he would mention one particularly as being within the sphere of the influence of quinia, namely, *erysipelas neonatorum*. As a general rule, internal dyscrasia, or an external putrid ulceration of the navel, is assumed as the cause of this fatal disease.

In pertussis, quinine has answered his expectations. Three conditions are absolutely necessary if we desire any good results from it in whooping-cough. It should be given in solution; the dose should not be too small, and should not be administered in a vehicle that will prevent it from coming in contact with the mucous membrane in its passage through the pharynx. The preparation should only be given when dissolved in muriatic acid, unless we are desirous of employing the alkaloid combined with that salt.—*Medical Record*.

THE Executive Committee of the Alumni Association of the Medical Department of the University of the City of New York purpose the publication, at the earliest possible date, of a complete catalogue of the graduates from that institution since its foundation. The records of the Faculty having been destroyed in the burning of the college building some years ago, this project is one that should be seconded by every one of the alumni, of whom between two and three thousand are scattered throughout the United States. It is earnestly requested that each of these will without delay forward for enrolment his full name and post office address, with his professional history, including date of graduation, posts of honor and trust held, etc., and also information which he may possess concerning former class mates who have since died or retired from practice. Communications should be addressed to the Secretary, Chas. Inslee Pardee, M. D., 72 West 35th street, New York.

TO DISGUISE THE TASTE OF QUININE.—Dr. Unzicker, Chairman of the Committee on "New Remedies and Pharmacy" of the Cincinnati Academy of Medicine (*Cin. Lancet and Observer*), thinks that the syrup of chocolate, although disguising the taste perfectly, destroys its antiperiodic properties. A child of fourteen years took thirty-two grains of quinine in 48 hours, combined in this syrup, without any effect whatever against the chills and fever." The fluid extract of liquorice, which also disguises the taste, he thinks most likely has, to some extent at least, the same effect, but experiments have not determined this. A very good vehicle is strong coffee, with a little sugar, but no cream or milk; but one of the best methods he says, for adults, is to surround it with some stewed apple. For children, or those who have a strong aversion to the taste of quinine pure cinchona will be found a very good febrifuge and tonic.—*Med. Arch.*

SPONTANEOUS AMPUTATION IN UTERO.—Dr. G. Pepper, of Philadelphia [*Am. Jour. of Obstetrics*], related at a meeting of the Philadelphia Obstetrical Society, a case of spontaneous amputation of the right arm in utero. The child was a well-developed female in other respects, weighed 9½ pounds, and seemed strong and well. The arm had been removed at about three-fourths of an inch below the elbow, the stump was rounded and well covered, and presented two small depressed cicatrices. The bones could be distinctly traced, and were rounded off. No trace of the hand and arm could be found, though very carefully and thoroughly searched for. The umbilical cord was of normal length and appearance, and there were no fibrous bands or shreds attached to the amnion.

Dr. J. F. Wilson had seen a case about nine months since, where the right arm was removed at the junction of the upper and lower two-thirds. No trace of the limb could be detected.

Dr. Robert P. Harris had seen several cases where the limb was not developed, and in all cases there have been rudimentary fingers or toes.—*Med. Record*, Nov. 15, 1870.

TREATMENT OF BURNS.—Mr. Skey recommends a solution of nitrate of silver in a proportionate strength to the extent and severity of the burn. He has used the solution in the strength of from five to twelve or more grains to the ounce of water, modifying it, of course, according to the age of the person. The whole surface should be freely bathed with the solution, and entirely covered up in cotton wool. After this a moderate opiate should be administered in a glass of brandy and water. This treatment is recommended on account of its action as a local stimulant, which Mr Skey always applies to burns of cutaneous surfaces.—*Med. Times*.

TO PREVENT PITTING IN SMALL-POX.—In a case we recently treated, in which the eruption so completely covered the face that it was almost impossible to place the point of the finger on it without touching it in one or more places we succeeded in *absorbing the "pocks" completely* by anointing the face with a solution of carbolic acid ℞j., and soda bisulph. ʒij., in an ounce of pure fresh glycerine, and causing each vesicle, as soon as formed, to be punctured with a finely pointed hard wood, and some of the solution introduced. At the same time light was excluded, as far as possible from the room, and a liniment of croton oil over the chest as a revulsive. Not a "pit" was formed on the face.—*Medical Archives*.

THE Philadelphia *Medical and Surgical Review* does not "know of

any drug which produce the immediate yet temporary insensibility which is popularly supposed to follow the use of drugged liquor," and is of the opinion that the talk about liquor having been drugged is only a sort of apology for having been drunk. There is not a little of similar humbug afloat about the use of chloroform by robbers. No one can be reduced to instant insensibility by the use of anæsthetics, unless he submits voluntarily, or is subjected to physical violence.

That a person could be unconsciously chloroformed is as improbable as that he could unconsciously enjoy a visitation of toothache.

**CHLORALUM, A NEW ANTISEPTIC.**—Under this title, Prof. John Gamgee brings forward a new candidate for professional and popular use as a disinfectant, etc. The salt employed in this is chloride of aluminium, and for ordinary purposes a solution having a sp. gr. of from 1,006 to 1,010 is recommended. Its inoffensive character is its greatest recommendation; and according to Prof. Gamgee, it is not inferior to chloride of zinc and other salts used for disinfection, and can be supplied at very low prices.—*Chemist and Druggist*.

**HYDROCHLORATE OF QUININE IN WHOOPING COUGH.**—Dr. Briedenbach calls attention to the benefit that may be derived from this remedy in whooping-cough when other means have failed. It has already been recommended by Binz. It requires to be administered in comparatively large doses. To a child of three weeks, Dr. Breidenbach gave a grain and a half per diem; and to one of eight years as much as fifteen grains per diem.—*Med. Archives*.

**PRECOCITY.**—Dr. Curts, (Report and Proceedings of the Obstetrical Society of Boston—*Boston Medical and Surgical Journal*), spoke of a girl at the Massachusetts General Hospital, who, two years ago, when only thirteen years old, bore a child. She menstruated at twelve. Dr. Abbott mentioned the case that occurred at the Monson Almshouse a few years ago; the mother was eleven years old, and the father sixteen.—*Med. Archives*.

**INEBRIATION HEREDITARY.**—Dr. Turner's "Second Annual Report of the State Inebriate Asylum," states out of 1406 cases of delirium tremens which have come under his observation, 680 had an inebriate parent or grandparent, or both. He believes if the history of each patient's ancestors were known, it would be found that 8 out of 10 of them were free users of alcoholic liquor.—*Med. Record*.

**SPONTANEOUS COMBUSTION OF BLACK SILK.**—Dr. Dingler records in

*The Polytechnic Journal* a case of fire occurring in a silk store of Paris, the origin of which was traced to a package of black-dyed silk which had been brought from the dye-house within the previous 24 hours. This is not the first instance of the spontaneous combustion of black-dyed silk, the cause of which Persoz and others have failed to fully explain. Dr. Dingler advises mercers to keep such silk in small parcels, and to prevent it getting too hot by proper ventilation.

**EPSOM SALT.**—In reply to a query propounded by the American Pharmaceutical Association, in regard to the best method of disguising the bitter and disagreeable taste of Epsom Salt, Mr. Isaac W. Smith, of Philadelphia, suggests the following:

R.—Rad. glycyrrhizæ cort. (deprived of outer bark), ℥iv. Aq. bullient, Oij. vel q. s.

Mix and allow to stand, with occasional stirring, until cold; then express through muslin, adding more water, if necessary, until the residue no longer tastes; then filter, and to the filtrate add magnesiæ sulphate, ℥iv; finally, evaporate to dryness over a water-bath. Each ounce of the compound represents about one ounce of the crystalized salt.—*Phy. and Phar.*

**BORAX** is the best cockroach exterminator yet discovered. This troublesome insect has a peculiar aversion to it, and will never return where it has been scattered. As the salt is perfectly harmless to human beings, it is much to be preferred for this purpose to the poisonous substances commonly used.

Borax is also valuable for laundry use, instead of soda. Add a handful of it, powdered, to about ten gallons of boiling water, and you need only use half the ordinary allowance of soap. For laces, cambrics, etc., use an extra quantity of the powder. It will not injure the texture of the cloth in the least.

For cleansing the hair, nothing is better than a solution of borax in water. Wash afterwards with pure water, if it leaves the hair too stiff. Borax dissolved in water is also an excellent dentifrice, or tooth-wash.—*Boston Jour. Chemistry.*

**HYDRATE OF CHLORAL.**—We call attention to the various "syrups," "solutions," and "elixirs" of chloral, some months since, and stated that hydrate of chloral underwent spontaneous change from being kept in any liquid form, and consequently all these mixtures were inert or injurious. The *pure crystals* are the only form in which it should be kept, and from these, physicians can make their own combinations for the use of their patients. Large quantities of the



crystals are sold which are *very impure*, and in response to Dr. Chesney's suggestion, we would state that when a fragment of pure hydrate of chloral is placed in a test tube or wine-glass with a little water, and a few drops of liquor potassæ allowed to fall upon it, no discoloration takes place, and there is evolution of pure ehloroform, which can be detected by the odor. If the specimen experimented with is *impure*, a *dark*, or *brown* reaction will result, and the odor evolved will be unpleasant. In this way a certain class of common impurities may be detected.—*Boston Jour. of Chem.*

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## CHEMICAL AND SCIENTIFIC.

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*F. S. Hazelton, Pa.*—This correspondent writes that a speculator is going around in his neighborhood selling to families a secret for making a burning fluid warranted inexplosive, and to cost no more than twenty-five cents per gallon. This is the reeipe: 3 quarts benzine; 1 oz. powdered alum;  $1\frac{1}{2}$  oz. alcohol; 1 gill strong vinegar; 2 oz. saleratus; 4 large onions, cut fine; 2 tablespoonfuls table salt;  $\frac{1}{2}$  oz. gum eamphor. Dissolve the alum in the alcohol (if you can—Ed.) and add the gum eamphor; stir well. Add two quarts of the benzine; stir again. Add all the other ingredients, except the benzine; stir again as long as it foams. Add the balanee of the benzine and let stand two hours in a cool place.

No wonder that such accidents from fluid lamps happen so often. Such *speculators* should not be allowed to remain very long outside of State Prison.—*Phy. and Phar.*

TEST FOR BLOOD STAINS.—J. W. Gunning has discovered that acetate of zine will eompletely preecipitate the coloring matter of blood from solutions. The floeculent precipitate must be washed by decantation, left to evaporate and dry on a watch glass, and if blood was present the microscope will reveal delicate and beautiful hæmin crystals. The test has been tried by different persons and always with entire success. The blood stains can be dissolved in a variety of agents, for example, ether, oxalic acid, alcohol, gallie acid and potash, and the acetate of zine produces preecipitates even in extremely dilute solutions, as for example, when a person has washed his bloody hands in a pail of water, and the solution is perfectly colorless.—*Jour. of Applied Chem.*

TO PREVENT WATER FROM BECOMING PUTRID.—Theoretically the application of chemistry to the numerous necessities of daily life, and to the cure of diseases which affect the human system, would seem to be illimitable. Practically, however, it is found that the human stomach can not be used in all cases as a chemical laboratory, and the application of chemistry to daily life do not always confirm the promises of theory. Hardly a day passes, however, without some new application of chemical science which is of real value to mankind.

We have noticed recently a new discovery, but one of daily practical utility. It is to prevent water from becoming putrid, and is founded on the principle that iron becomes rusty only in water that contains air. It is the oxygen of the air, contained in the water, that unites with the iron and produces rust.

So, also, the rusting of iron in water removes the oxygen of the air from the water. But water in which there is no oxygen or atmospheric air can not become putrid. To prevent water from becoming putrid, we have, therefore, only to put in it some bits of iron. Some pieces of sheet iron (not rusty) or iron turnings are the best. Cast-iron is not so good.

The practical applications of this are numerous. Drinking-water on ships may be kept sweet by putting it in sheet iron tanks, or by putting bits of iron into the water-casks. Water in which leeches are kept will remain sweet without changing it by putting a few scraps of iron in the vessel. The offensive smell from the water in the vases of flowers will be prevented by a few small nails, or bits of sheet-iron in the bottom of the vases. The putrefaction of water so common in the bottom of rain-water cisterns would be prevented by scraps of iron or iron-turnings. In this case it would be well to put the iron where it would not be disturbed. Perhaps if inclosed in a loose bag or net, it would be well. Other application of the principle will suggest themselves to our readers.—*Providence Journal*.

IDIOTCY AND INSANITY IN INDIANA.—The following is an abstract from a carefully prepared statement relative to insanity in Indiana, recently received at the Executive Department of State :

The number of males insane, 419; females, 358. Total, 777. White, 769; colored, 8; married, 240; single, 414; widowed, 105; not stated, 18. 558 are under 50 years of age, and the remainder over 50. Nativity—Indiana, 366; New England, 10; New York and New Jersey, 20; Pennsylvania and Ohio, 95; Kentucky and Tennessee, 36; other Southern States, 34; foreign, 91. Five hundred

sixty-two cases are considered incurable. Of the 777 but 324 are in the Asylum. Duration—over 5 years, 417. The occupation of 42 is that of laborers; domestics, 145; farmers, 152; mechanics, 38; tradesmen, 5; professionals, 23. Of these 409 are dependent. Fourteen are cared for at hospitals; at home, 538; jail, 11; almshouse, 189; at large, 11. Supposed causes—Hereditary, 53; sickness, 81; epilepsy, 104; female derangements, 22; injuries, 28; exposure, 7; excessive labor, 0; excessive study, 14; intemperance, 12; secret vice, 20; financial difficulty, 14; disappointed love, 22; jealousy, 7; domestic trouble, 21; grief, 21; fright, 8; religion, 32; spiritualism, 3; politics, 3.

The number of idiots is 1,047. Male, 669; females, 338. White, 1,042; colored, 5. Single, 1,026; married, 4. Under fifty years of age, 968; between fifty and seventy, 52; over seventy, 3. Of the total number, 771 were born in Indiana and 36 in foreign countries. Five hundred and thirty are dependant. They are cared for as follows: Almshouse, 113; jail, 3; hospital, 23; home, 438; at large, 12. But few causes are given. Of these, 49 are hereditary; 20 from consanguinity of parents; 45 from sickness, and 67 epilepsy.

The above probably does not include one-half of the idiotic and insane persons of the State, but it is interesting for all that.

“FIR KRAMPS.”—Here is a prescription written by a New York “fasition,” and which is vouched for by the Sun as genuine:

R. Fir Kramps.

Tinct. Kamfire, won ounce.

Tinct. Lodenum, a little.

Tinct. Hot Drops, a few drops.

Tinct. Kyan pepar, 5 cents worth.

Kloreform, a little, but not much, as it is a dangerous medicine.

CHLORALUM.—This antiseptic and disinfectant, which is attracting so much attention in England, is a chloride of aluminium. It is claimed that solutions containing but a small fraction of *one per cent.* of this compound are sufficiently strong to preserve fish and meat which have been simply dipped therein, and then suspended in dry air. It is quite odorless, which gives it an advantage over carbolic and cresylic acids for many purposes. It has been received with especial favor by medical men, who are using it in the treatment of wounds, for arresting the fetid emanations of cancers, checking the lesions in diphtheria and scarlet fever, preventing suppuration, and the like.—*Boston Jour. of Chem.*

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## CONTRIBUTORS TO VOL. I.

Bobbs, Dr. J. S.,.....	Indianapolis.	Hadley, Dr. E.,.....	Indianapolis.
Bell, Dr. Guido,.....	"	Hoag, Dr. J. B.,.....	Stark, Knox Co.
Bigelow, Dr. J. K.,.....	"	Hobbs, Dr. Wilson,.....	Carthage.
Comingor, Dr. J. A.,.....	"	Kersey, Dr. V.,.....	Richmond.
Carter, Dr. Charles,.....	Philadelphia, Pa.	Kemper, Dr. G. W. H.,.....	Muncie.
Commons, Dr. William,.....	Richmond.	Latta, Dr.,.....	Goshen.
Davis, Dr. N. S.,.....	Chicago, Ill.	Lewis, Dr. G. W.,.....	Indianapolis.
Elder, Dr. E. S.,.....	Morristown.	Parvin, Dr. Theo.,.....	"
Elstun, Dr. W. J.,.....	Indianapolis.	Passage, Dr. H. V.,.....	Peru.
Field, Dr. D. L.,.....	Jeffersonville.	Patton, Dr. A.,.....	Vincennes.
Fletcher, Dr. W. B.,.....	Indianapolis.	Ransom, Dr. C. W.,.....	Jodden.
Gaston, Dr. John M.,.....	"	Stevens, Dr. Thad. M.,.....	Indianapolis.
Griffith, Dr. A. S.,.....	Nashville.	Smith, Dr. A. H.,.....	New York.
Gilbert, Dr. J. W.,.....	"	Slaughter, Dr. W. W.,.....	Newburg.
Hibberd, Dr. J. F.,.....	Richmond.	Wright, Dr. C. E.,.....	Indianapolis.
Haughton, Dr. R. E.,.....	"	Woolen, Dr. G. V.,.....	"
	Waterman, Dr. L. D., Indianapolis.		















